



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
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
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Apr 10, 11, 13, 16, 17, 18, 19, 20, 23, 24, 2012	2012_049143_0020	Resident Quality Inspection

Licensee/Titulaire de permis

GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive, Amherstview, ON, K7N-1X3

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

HELEN HENDERSON NURSING HOME
343 Amherst Drive, Amherstview, ON, K7N-1X3

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

PAUL MILLER (143), CAROLE BARIL (150), JANET MCPARLAND (142), LYNDA HAMILTON (124)

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 the Administrator, Director of Care, Maintenance Manager, Nutritional Manager, Office Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers, Cook, Dietary Staff, Activity Director, Physiotherapist, President Residents' Council, housekeeping, laundry staff, medical equipment vendor, family members and residents.

During the course of the inspection, the inspector(s) completed walking tours of the home, reviewed resident health records, the admission agreement, home policies related to nutrition, trust accounts, abuse, medication, infection control, restraint, pain, skin and wound care, observed resident dining, activities, therapy programs, medication administration and storage areas and meal preparation.

Four Critical incident reports # 2728-000041-11, 2728-000044-11, 2728-000001-12 and # 2728-000005-12 were also reviewed as part of the Resident Quality Inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance



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Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Food Quality

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

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

Trust Accounts

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. On April 11, 2012 the Inspector and the Director of Care reviewed the registered staff schedule and identified that on March 29 and April 9, 2012 from 1900 hours to 0700 hours no Registered Nurse (RN) who is an employee of the licensee and a member of the regular nursing staff was present in the home. On both of these dates an additional Registered Practical Nurse was scheduled to work. The home currently has a vacancy for a full time Registered Nurse. The shifts not being covered are not a result of an emergency or a planned or extended leave of absence by a RN. Therefore, the exception to the requirement that at least one RN who is both an employee of the licensee and a member of the regular nursing are not applicable as per Ontario Regulations 79/10 s. 45 (1)(2).

Additional Required Actions:

CO # - 901 was 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. 9. Doors in a home



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Specifically failed to comply with the following subsections:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10 s. 9(2) in that a door leading to non-residential area is not equipped with a lock to restrict unsupervised access to this area by residents.

It was observed that the double-door leading from the main entrance area to a non-residential area which leads to laundry rooms and the kitchen is closed but not equipped with a lock.

On April 19th, 2012 at 0920 hours the door leading to the outside of the Home, near the kitchen, was observed to be propped open and unattended.

Additional Required Actions:

CO # - 902 was served on the licensee. Refer to the "Order(s) of the Inspector".

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. The licensee failed to comply with O.Reg 79/10 section 8 (1) in that the policy and procedure, Drug Administration-Preparation, Administration and Documentation reviewed October 2011 was not complied with.

O.Reg. 79/10, 114. (2) states that the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure accurate acquisition, dispensing, receipt, storage, administration and destruction and disposal of all drugs used in the home.

The home's Drug Administration-Preparation, Administration and Documentation Policy and Procedure dated October 2011 "section 4 Document the Process" indicated that the nurse was to document the medication administration immediately after giving it to the resident by initialing the Medication Administration Record (MAR) sheet in the appropriate areas. No MAR sheet is to be initialed prior to the administration of a medication.

On April 17, 2012, during medication administration three RPNs were observed documenting their initials for each medication on the MAR sheets for residents # 12,13,14,15,16,17,18,19 prior to administering the medications.

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 home's Drug Administration-Preparation, Administration and Documentation Policy and Procedure dated October 2011 is complied with, to be implemented voluntarily.

WN #4: 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).

Findings/Faits saillants :

1. The licensee has failed to comply with O.Reg 79/10 section 129 (1) (b) in that controlled substances were not stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Resident # 24,31,32,33 and # 34 have orders for Lorazepam a controlled substance. It was noted that these controlled substances were stored in the residents' individual medication bins within the medication cart.

Three Registered Practical Nurses were interviewed and stated that the medication lorazepam is not stored in a separate locked area within the locked medication cart.

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 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, to be implemented voluntarily.

WN #5: 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 subsections:

s. 241. (1) Every licensee of a long-term care home shall establish and maintain at least one non-interest bearing trust account at a financial institution in which the licensee shall deposit all money entrusted to the licensee's care on behalf of a resident. O. Reg. 79/10, s. 241 (1).

Findings/Faits saillants :

1. The licensee failed to comply with O. Reg. 79/10 s. 241 (1) in that all money entrusted to the licensee's care on behalf of a resident was not deposited in the non-interest bearing trust account as evidenced by the following findings.

-The Office Manager reported to the inspector that the home has a non-interest bearing account set up and that no money entrusted to the licensee's care on behalf of a resident has been deposited in this account.

-The Office Manager reported that the home has managed the resident funds entrusted to them through a pin money system. As part of the pin money system, each resident has an envelope where their funds are stored and an individual record that details the deposits and withdrawals to the pin money envelope. These envelopes are kept in the home.

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 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).

Findings/Faits saillants :

1. The licensee failed to comply with O.Reg 79/10, section 229 (10) 3 in that the residents are not offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

Interviewed the Director of Care on April 18, 2012 and she stated there is no immunizations against tetanus and diphtheria offered to the residents.

2. The licensee failed to comply with O.Reg 79/10, section 229 (10) 5 in that staff is not screened for tuberculosis.

Interviewed the Director of Care on April 18, 2012 and she stated that the home has no policy for staff screening for tuberculosis.

3. The licensee failed to comply with O.Reg 79/10, section 229 (10) 5 in that there is no staff immunization program in accordance with evidence based practices and, if there are none, in accordance with prevailing practices.

On April 18, 2012 the Director of Care reported to the inspector that the home does not have a staff immunization program.

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 immunization against tetanus and diphtheria and there is a staff immunization program in accordance with evidence based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information
Specifically failed to comply with the following subsections:

- s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
- (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) an explanation of the measures to be taken in case of fire;
 - (j) an explanation of evacuation procedures;
 - (k) copies of the inspection reports from the past two years for the long-term care home;
 - (l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
 - (m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
 - (n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
 - (o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
 - (p) an explanation of the protections afforded under section 26; and
 - (q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

Findings/Faits saillants :

1. The licensee failed to comply with the LTCH Act 2007, s. 79. (3) (j) related to posting and communication of the evacuation procedures as demonstrated by the following finding.
The Office Manager confirmed that the home did not have an explanation of evacuation procedures posted and communicated.

WN #8: 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 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.



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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. The licensee failed to comply with LTCHA 2007, s. 3. (1)11 (iv) in that the resident's personal health information was not protected as evidenced by the following findings.

It was observed on April 17, 2012 during the morning and noon medication passes and on 18th, 2012 during the morning medication pass that Registered Practical Nurses placed multi-dose medication packages for residents which identified resident personal health information inclusive of names and name of medications into a garbage bag attached to the medication cart. When the three Registered Practical Nurses were questioned about this, they reported that garbage was disposed of with the regular garbage.

On April 17, 2012, the Director of Care confirmed that the multi-dose medication packages went out with the regular garbage.

WN #9: 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 subsections:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants :

1. On April 16, 2012 the Director of Care presented the 2011 staffing review. This review did not indicate the date of the evaluation and the names of the persons who participated in the evaluation.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents



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Specifically failed to comply with the following subsections:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

1. An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act.
6. Contamination of the drinking water supply. O. Reg. 79/10, s. 107 (1).

s. 107. (4) A licensee who is required to inform the Director of an incident under subsection (1) or (3) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
 - i. names of any residents involved in the incident,
 - ii. names of any staff members or other persons who were present at or discovered the incident, and
 - iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
 - i. what care was given or action taken as a result of the incident, and by whom,
 - ii. whether a physician or registered nurse in the extended class was contacted,
 - iii. what other authorities were contacted about the incident, if any,
 - iv. for incidents involving a resident, whether a family member, person of importance or a substitute decision-maker of the resident was contacted and the name of such person or persons, and
 - v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
 - i. the immediate actions that have been taken to prevent recurrence, and
 - ii. the long-term actions planned to correct the situation and prevent recurrence.
5. The name and title of the person who made the initial report to the Director under subsection (1) or (3), the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector. O. Reg. 79/10, s. 107 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all written reports include the names of the residents involved in the incident. Critical incident reports submitted to the Ministry of Health and Long Term Care on December 31, 2011 (CIS # 2728-000044-11) and Critical incident report submitted January 17, 2012 (CIS # 2728-000001-12) did not indicated the names of the residents.
2. The licensee has failed to meet this requirement by not informing the Director immediately of an outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. On Saturday February 18, 2012 the Kingston Frontenac Lennox and Addington Public Health Unit declared an Enteric Outbreak involving seven residents at the home. On February 22, 2012 at approximately 1545 the home informed the Ministry of Health and Long Term Care (Ottawa Service Area Office) by means of the Critical Incident Reporting system.



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Issued on this 24th day of April, 2012

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

A handwritten signature in black ink, appearing to read "P. Miller", is written over a large rectangular box.



**Ministry of Health and
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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) :	PAUL MILLER (143), CAROLE BARIL (150), JANET MCPARLAND (142), LYND HAMILTON (124)
Inspection No. / No de l'inspection :	2012_049143_0020
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Apr 10, 11, 13, 16, 17, 18, 19, 20, 23, 24, 2012
Licensee / Titulaire de permis :	GIBSON HOLDINGS (ONTARIO) LTD 343 Amherst Drive, Amherstview, ON, K7N-1X3
LTC Home / Foyer de SLD :	HELEN HENDERSON NURSING HOME 343 Amherst Drive, Amherstview, ON, K7N-1X3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LISA GIBSON

To GIBSON HOLDINGS (ONTARIO) LTD, you are hereby required to comply with the following order(s) by the date(s)
set out below:



**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

Order # / Ordre no :	901	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (b)
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Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that at least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations.

This plan must be submitted in writing to Inspector Paul Miller at 347 Preston Street, 4th Floor, Ottawa, ON K1S 3J4 or by fax at 613-569-9670 on or before May 2, 2012.

Grounds / Motifs :

1. On April 11, 2012 the inspector and the Director of Care reviewed the registered staff schedule and identified that on March 29 and April 9, 2012 from 1900 hours to 0700 hours no Registered Nurse (RN) who is an employee of the licensee and a member of the regular nursing staff was present in the home. On both of these dates an additional Registered Practical Nurse was on duty and present in the home. The home currently has a RN vacancy.

The shifts not being covered are not a result of an emergency or a planned or extended leave of absence by a RN. Therefore, the exception to the requirement that at least one RN who is both an employee of the licensee and a member of the regular nursing are not applicable as per Ontario Regulations 79/10 s. 45 (1)(2). (143)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 01, 2012

Order # / Ordre no :	902	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :



**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

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,
 - ii. equipped with a door access control system that is kept on at all times, and
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,
 - A. is connected to the resident-staff communication and response system, or
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.
- 1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.
3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.
4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :

The licensee shall ensure that all doors leading to non-residential areas are to be equipped with locks to restrict unsupervised access to those areas by residents.

Grounds / Motifs :

1. The licensee failed to comply with O.Reg 79/10 s. 9(2) in that a door leading to non-residential area is not equipped with a lock to restrict unsupervised access to this area by residents.

One double-door leading from the main entrance area to a non-residential area which leads to laundry rooms and the kitchen is closed but not equipped with a lock.

On April 19th, 2012 at 0920 the door leading to the outside of the Home, near the kitchen, was observed to be propped open and unattended. (142)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 16, 2012



**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

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 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

**Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
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.



**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

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 24th day of April, 2012

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

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

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office