



**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) :	LAUREN TENHUNEN (196)
Inspection No. / No de l'inspection :	2012_104196_0011
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Apr 24, 25, 26, 27, May 2, Jun 4, 5, 6, 7, 8, 2012
Licensee / Titulaire de permis :	ST. JOSEPH'S CARE GROUP 35 NORTH ALGOMA STREET, P.O. BOX 3251, THUNDER BAY, ON, P7B-5G7
LTC Home / Foyer de SLD :	HOGARTH RIVERVIEW MANOR 300 LILLIE STREET, THUNDER BAY, ON, P7C-4Y7
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	PAULINA CHOW

To ST. JOSEPH'S CARE GROUP, 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 # /	Order Type /
Ordre no : 901	Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre existant: 2011_051106_0026, CO #001

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

- (a) shall provide that abuse and neglect are not to be tolerated;
- (b) shall clearly set out what constitutes abuse and neglect;
- (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
- (d) shall contain an explanation of the duty under section 24 to make mandatory reports;
- (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
- (f) shall set out the consequences for those who abuse or neglect residents;
- (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
- (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Order / Ordre :

The licensee shall implement their plan, submitted April 16, 2012 to the Ministry of Health and Long-Term Care, for achieving compliance with LTCHA 2007, S.O. 2007, c.8, s.20(c), to ensure that the policy to promote zero tolerance of abuse and neglect of residents provides for a program, that complies with the regulations, for preventing abuse, specifically, O.Reg.79/10, s.96(a) contains procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected and O.Reg.79/10, s.96(e)(i)(ii) identifies training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care and situations that may lead to abuse and neglect and how to avoid such situations. The plan that had been submitted on April 16, 2012 to the Ministry of Health and Long-Term Care Home Inspector #106, is to be implemented in the home by June 22, 2012.

Grounds / Motifs :



**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

1. Orders were issued to the licensee by Inspector #106 on March 22, 2012 pursuant to LTCHA 2007, S.O. 2007, c.8, s.20(2)(c). The licensee prepared and submitted a plan for achieving compliance to Inspector #106 by April 16, 2012 as specified in the orders. These plans were to be implemented in the home by this same date of April 16, 2012. At the time of the follow up inspection on April 25, 2012 by Inspector #196, the home had not implemented their plan to achieve compliance with LTCHA 2007, S.O. 2007, c.8, s.20(2)(c) and O.Reg. 79/10, s.96(a)(e)(i)(ii). The home had set their own target date as May 31, 2012 for compliance with the the orders, rather than April 16, 2012 as specified by the orders. The Clinical Care Coordinator (CCC) provided "draft" copies of the updated policy #LTC 5-51 "Zero tolerance of abuse and Neglect of residents in Bethammi Nursing Home and Hogarth Riverview Manor - Reporting and notifications about incidents of abuse or neglect" and policy #LTC 5-52 "Staff education and training about prevention of abuse and neglect" to the inspector on April 25, 2012. These policies/procedures were in draft form and have not yet been approved as of the date of the follow up inspection on April 25, 2012. (196)
2. The inspector reviewed the home's policies for abuse and neglect as provided by the CCC on April 25, 2012. The home's written policies do not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected, as stated in, O.Reg. 79/10, s.96(a). These same policies do contain the training and retraining requirements for all staff, but those training requirements did not include, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations, as stated in O. Reg. 79/10, s.96 (e)(i)(ii).

The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents shall provide for a program that complies with the regulations, for preventing abuse and neglect. [LTCHA 2007, S.O. 2007, c. 8, s. 20. (2)(c).] (196)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 22, 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

Order # /
Ordre no : 902 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order /
Lien vers ordre existant: 2011_051106_0025, CO #001

Pursuant to / Aux termes de :

O.Reg.79/10, s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.
O. Reg. 79/10, s. 49 (1).

Order / Ordre :

The licensee shall implement their plan for achieving compliance with O.Reg.79/10,s.49(1), to ensure that the falls prevention and management program, provides for strategies to reduce or mitigate falls, including the use of equipment, supplies, devices and assistive aids. The plan that had been submitted on April 16, 2012 to the Ministry of Health and Long-Term Care Home Inspector #106, is to be implemented in the home by June 22, 2012.

Grounds / Motifs :

1. Orders were issued to the licensee on March 19, 2012 by Inspector #106 pursuant to O.Reg.79/10,s.49.(1). The licensee prepared and submitted a plan for achieving compliance to Inspector #106 by April 16, 2012 as specified in the order. At the time of the follow up inspection on April 25, 2012 by Inspector #196, the home had not implemented their plan to achieve compliance with O.Reg.79/10,s.49(1). The licensee had set their own target date as May 31, 2012 for compliance with the order, rather than April 16, 2012 as specified on the order. (196)
2. The fall prevention and management program as provided by the Clinical Care Coordinator (CCC) to Inspector #196 was reviewed on April 26, 2012. The program generically refers to the use of equipment, supplies, devices and assistive aids that are used in the home, however the program does not specifically identify by name and or list all the equipment, supplies, devices and assistive aids that are available for use in this home. The licensee failed to ensure that, the falls prevention and management program, provides strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. [O. Reg. 79/10, s. 49 (1).] (196)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 22, 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
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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

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

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 8th day of June, 2012

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

Lauren Tenhunen #196

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

Lauren Tenhunen

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

Sudbury Service Area Office



**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
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
Apr 24, 25, 26, 27, May 2, Jun 4, 5, 6, 7, 8, 2012	2012_104196_0011	Follow up

Licensee/Titulaire de permis

ST. JOSEPH'S CARE GROUP
35 NORTH ALGOMA STREET, P.O. BOX 3251, THUNDER BAY, ON, P7B-5G7

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

HOGARTH RIVERVIEW MANOR
300 LILLIE STREET, THUNDER BAY, ON, P7C-4Y7

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

During the course of the inspection, the inspector(s) spoke with the Clinical Care Coordinator (CCC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents

During the course of the inspection, the inspector(s) conducted a tour of the resident home areas, observed the provision of care and services to residents, reviewed the health care records of several residents, reviewed various policies and procedures, reviewed the home's submitted plan for compliance from inspection #2011_051106_0025 and inspection #2011_051106_0026

The following Inspection Protocols were used during this inspection:

Falls Prevention

Prevention of Abuse, Neglect and Retaliation

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 LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

- s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,**
- (a) shall provide that abuse and neglect are not to be tolerated;**
 - (b) shall clearly set out what constitutes abuse and neglect;**
 - (c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;**
 - (d) shall contain an explanation of the duty under section 24 to make mandatory reports;**
 - (e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;**
 - (f) shall set out the consequences for those who abuse or neglect residents;**
 - (g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and**
 - (h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).**

Findings/Faits saillants :

1. Orders were issued to the licensee by Inspector #106 on March 22, 2012 pursuant to LTCHA 2007, S.O.2007, c.8, s.20 (2)(c). The licensee prepared and submitted a plan for achieving compliance to Inspector #106 by April 16, 2012 as specified in the orders. These plans were to be implemented in the home by this same date of April 16, 2012. At the time of the follow up inspection on April 25, 2012, the home had not implemented their plan to achieve compliance with LTCHA 2007, S.O.2007, c.8, s.20(2)(c) and O.Reg.79/10, s.96(a)(e)(i)(ii). The home had set their own target date as May 31, 2012 for compliance with the the orders, rather than April 16, 2012 as specified by the orders. The Clinical Care Coordinator (CCC) provided "draft" copies of the updated policy #LTC 5-51 "Zero tolerance of abuse and Neglect of residents in Bethammi Nursing Home and Hogarth Riverview Manor - Reporting and notifications about incidents of abuse or neglect" and policy #LTC 5-52 "Staff education and training about prevention of abuse and neglect" to the inspector on April 25, 2012. These policies/procedures are in draft form and have not yet been approved as of the date of the follow up inspection on April 25, 2012.

CO #002 from inspection #2011_051106_0026 issued on March 22, 2012 with respect to LTCHA 2007, S.O.2007, c.8, s.20(3) has been complied with.

CO #001 with respect to LTCHA 2007, S.O.2007, c.8, s.20(2)(c) has not been complied with.

2. The inspector reviewed the home's policies for abuse and neglect as provided by the (CCC) on April 25, 2012. The home's written policies did not contain procedures and interventions to assist and support residents who have been abused or neglected or allegedly abused or neglected, as stated in, O.Reg.79/10, s.96(a). These same policies do contain the training and retraining requirements for all staff, but the training requirements did not include, (i) training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care, and (ii) situations that may lead to abuse and neglect and how to avoid such situations, as stated in O. Reg. 79/10, s.96 (e)(i)(ii).

The licensee failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents shall provide for a program that complies with the regulations, for preventing abuse and neglect. [LTCHA 2007, S.O.2007, c. 8, s. 20. (2) (c).]

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. 49. Falls prevention and management
Specifically failed to comply with the following subsections:

s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).

Findings/Faits saillants :

1. Orders were issued to the licensee on March 19, 2012 by Inspector #106 pursuant to O.Reg.79/10, s.49.(1). The licensee prepared and submitted a plan for achieving compliance to Inspector #106 by April 16, 2012 as specified in the order. At the time of the follow up inspection on April 25, 2012 by Inspector #196, the home had not implemented their plan to achieve compliance with O.Reg.79/10, s.49(1). The licensee had set their own target date as May 31, 2012 for compliance with the order, rather than April 16, 2012 as specified on the order.

2. The fall prevention and management program as provided by the Clinical Care Coordinator (CCC) to Inspector #196 was reviewed on April 26, 2012. The program generically refers to the use of equipment, supplies, devices and assistive aids that are used in the home, however, the program does not specifically identify by name and or list all the equipment, supplies, devices and assistive aids that are available for use in this home.

The licensee failed to ensure that, the falls prevention and management program, provides strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. [O. Reg. 79/10, s. 49 (1).]



Ministry of Health and
Long-Term Care

Inspection Report under
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Ministère de la Santé et des
Soins de longue durée

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

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:**

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. Resident #001's care plan dated Feb. 8, 2012 identified the use of hip protectors at all times for the prevention of injury from falls. Staff member #S101 confirmed the information in the care plan and determined that the resident did not have hip protectors on when checked at 1600hrs on April 25, 2012.

The licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [LTCHA 2007, S.O.2007,c. 8, s. 6 (7).]

Additional Required Actions:

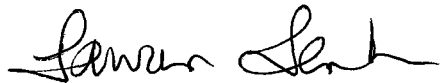
VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures that the care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.

**THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:**

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 20.	CO #002	2011_051106_0026	196

Issued on this 11th day of June, 2012

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

 #196