



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

**Rapport d'inspection
prévues 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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

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Hamilton ON L8P 4Y7

**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

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection April 15, 18, 19, 20, May 3, 4, 16, 17, 18, 19, 24, 25, June 2, 24, 27 and 28, 2011	Inspection No/ d'Inspection 2011_173_2931-14Apr170598 2011_129_2931-14Apr170858 2011_165_2931-14Apr111951	Type of Inspection/Genre d'inspection Complaint (Log # H000318-11, H000860-11, H000807-11, H000801-11, H002852-10)
Licensee/Titulaire Idlewyld Manor 449 Sanatorium Road, Hamilton, Ontario L9C 2A7		
Long-Term Care Home/Foyer de soins de longue durée Idlewyld Manor 449 Sanatorium Road, Hamilton, Ontario L9C 2A7		
Name of Inspector(s)/Nom de l'inspecteur(s) Lesa Wulff #173, Phyllis Hiltz-Bontje #129, Tammy Szymanowski # 165, LTC Homes Inspectors.		
Inspection Summary/Sommaire d'inspection		

NOTE: This report has been revised to reflect a decision of the Director on a review of the Inspector's orders. The Director's review was completed on November 11, 2011. Orders were revised to reflect the Director's review. The Director's orders are attached to this report.

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

During the course of the inspection, the inspectors spoke with: Residents and resident's family members, members of Family Council, members of the homes Board of Directors, Executive Director, Director of Resident Services, Director of Care, Registered staff and Personal Support Workers.

During the course of the inspection, the inspectors: Toured the home, reviewed home policies and procedures, reviewed Family Councils documents, reviewed Board of Directors documents and reviewed clinical records.

The following Inspection Protocols were used in part or in whole during this inspection:

Family Council Interview Inspection Protocol
Reporting and Complaints Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

[#11] WN

[# 7] VPC

[# 3] CO

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 LTCHA, 2007 S.O., 2007 c.8 s.26(5)

None of the following persons shall do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from doing anything mentioned in clauses (1) (a) to (c):

1. The licensee of a long-term care home or a person who manages a long-term care home

pursuant to a contract described in section 110.

2. If the licensee or the person who manages the home is a corporation, an officer or director of the corporation.
3. 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.
4. A staff member.

Findings:

The licensee of the home took actions that were aimed at discouraging the Family Council from reporting to the Director in relation to matters concerning the operation of the home that Family Council believed ought to be reported to the Director.

1. A Family Council member received a letter on March 17, 2011, signed by the Executive Director and copied to the Board of Directors indicating that the licensee would take legal action if the Family Council shared the minutes of their December 2010 meeting with any third party, because the licensee alleged the minutes contained false information.
 - The Family Council member forwarded an email to the Executive Director requesting clarification of the term "third party" and requested that a copy of the email also be forwarded to the Board of Directors. This email identified a number of groups the Council believes provide support to them including "Government Ministry" and questioned if these groups would be considered "third party" by the Licensee.
 - The Executive Director confirmed in email sent to the Family Council member that both the letter and the minutes could only be shared with Family Council Executive and no other third party; otherwise the Licensee may consider legal action.

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Additional Required Actions:

CO # 1 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #2: The Licensee has failed to comply with LTCHA 2007, S.O.2007, c 8. s22(1)
Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Findings:

The licensee failed to immediately forward 12 written complaints received during the period of August 2010 to July 13, 2011 to the Director.

1. A family member submitted 4 written letters of complaint to the licensee, including a letter in 2010 that

identified concerns related to linen supplies, communication with the Director of Care and concerns with staffing changes, another letter in 2010 identifying concerns with the care for a resident/staff changes/quantity of linens/ongoing concerns with communication with the Director of Care/interference with Family Council and 2 letters in 2011 identifying ongoing concerns with seating in the dining room/ retaliatory actions by staff. These written letters of complaint were not forwarded to the Director.

2. A second family member submitted 4 written letters of complaint to the licensee, including a letter in 2010 identifying care concerns for a resident, another letter in 2010 that identified care concerns with care being provided to a resident, a letter in 2011 identifying infection control issues/concerns for care being provided to a resident and another letter in 2011 identifying care concerns for a resident. These written letters of complaint were not forwarded to the Director.
3. A third family member submitted 2 emailed letters of complaint to the licensee, including a letter in 2011 identifying concerns with the impact of seating changes in the dining room on residents and another letter in 2011 identifying concerns about staff conduct, care issues and seating changes. These letters were not forwarded to the Director.
4. A member of Family Council submitted a written letter of complaint to the licensee in 2011 identifying concerns with communication with Council, interference with the operation of Family Council, threats of legal action against Family Council and concerns that the home is not following the LTCH Act. This letter was not forwarded to the Director.
5. A member of Family Council forwarded a written letter on behalf of a staff person to the Board of Directors in 2011 that identified concerns with food shortages and alleged retaliation by the management of the home. This letter was not forwarded to the Director.

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Additional Required Actions:

CO # 2 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #3: The Licensee had failed to comply with the LTCHA 2007, S.O. 2007. C. 8 s. 65(a) and (d)

A licensee of a long-term care home,

- (a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council;
- (b) shall not prevent a member of the Residents' Council or Family Council from entering the long-term care home to attend a meeting of the Council or to perform any functions as a member of the Council and shall not otherwise hinder, obstruct or interfere with such a member carrying out those functions;
- (c) shall not prevent a Residents' Council assistant or a Family Council assistant from entering the long-term care home to carry out his or her duties or otherwise hinder, obstruct or interfere with such an assistant carrying out those duties; and
- (d) shall ensure that no staff member, including the Administrator or other person involved in the management or operation of the home, does anything that the licensee is forbidden to do under clauses (a) to (c). 2007, c. 8, s. 65.

Findings:

The licensee and staff of the licensee have interfered with the meetings and operation of Family Council in relation to the following:

1. The Board members and the Executive Director interfered with the Family Council's ability to exercise their powers under s. 60(1)8 of the Act by preventing the Family Council from providing information to the Board. Family Council Chair requested contact information of the licensee on September 27, 2010 and October 12, 2010 in order to provide an update to the Board and have matters of concern brought to the Board's attention. This request was denied and the Council Chair received a letter on November 10, 2010 from the Board Chair through Idlewyld's legal council, indicating that all further communication be addressed to the Executive Director.
 - A second letter sent to the Council Chair on November 9, 2010 from Idlewyld's legal council confirmed that all correspondence be directed to the Executive Director or to the Board Chair through the Executive Director.
 - Another letter sent to the Family Council Chair on November 10, 2010 from Idlewyld's legal council indicated that there would be no further debate about the issue of contacting the Board of Directors. The Council chair admitted to feeling intimidated by the letters from the lawyer.
 - The Board has continually re-directed the Family Council to the Executive Director.
2. The Executive Director interfered with the Family Council's power to review detailed allocation, by the licensee, of funding under this Act and the Local Health System Integration Act, 2006 in accordance with section 60 (1)7ii of the Act. Family Council requested the detailed allocation of funding received by the home under the LTCHA and amounts paid by residents in order to help council better understand the financial operations of the home and to determine where the council could be of assistance to the residents on March 31, 2011. This information was not provided.
3. The licensee hindered the operation of Family Council, specifically the power of the Council to provided information to residents, family members of residents and persons of importance to residents in accordance with s. 60 (1)1 of the Act by denying Family Councils repeated request to have the information produced by the Council including issues raised by the Council, resolution of those issues and general information about the activities of the Council placed in an area of the home where the majority of residents, family members and persons of importance to the residents would have access to this information. The Executive Director confirmed that there was no consideration being given to the requests by the Council to place information produced by the Council in an area of the home that would be more accessible to residents and their family members.
4. The licensee refused to post the December 2010 Family Council minutes.
 - The licensee requested several amendments to the December 2010 Family Council minutes
 - Family Council reviewed these requested amendments and determined that the minutes of the December 2010 Family Council meeting accurately reflected the discussions that were held during this meeting and decided to post the minutes as originally written.
 - Family Council received a letter from the licensee dated March 17, 2011 indicating that the licensee felt the minutes of Family Council contained alleged misrepresentation, false statements around the care being provided in the home and inaccurate suggestions of the commitments made by the home during a meeting. This letter also stated that the licensee would take legal action should Family Council continue to communicate or publicize the meeting minutes, that it is the home's position that the right and obligation to post Family Council minutes rests with Idlewyld,

that the council is required to provide their minutes to the Executive Director for review and approval and that the Family Council could not post any minutes without the consent of the licensee.

- The Board Chair confirmed in an interview on April 18, 2011 that she believed the minutes in question were not defamatory just inaccurate and that they were aware that they could not demand that Family Council change or modify their minutes.

5. The licensee removed all posted Family Council minutes from the Family Council board and posted information that the licensee believed represented the discussions at the Family Council meeting throughout the home.

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Additional Required Actions:

CO #3 - will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #4: The Licensee has failed to comply with LTCHA 2007, S.O.2007.C.8 s69(1)(a)(b)
Where a licensee is a corporation, every director and every officer of the corporation shall,
(a) exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances; and
(b) take such measures as necessary to ensure that the corporation complies with all requirements under this Act.

Findings:

1. The Board Chair and Vice Chair have on at least four occasions indicated to the Family Council, other Board members and MOHLTC inspectors that the Board does not get involved in operational issues at the home and confirmed to inspectors that the Board and its members have no process in place to ensure the management team is complying with all the requirements under this Act.
2. The Board Chair admitted that the Board has not followed their policy #BP-03-01-08 [Resident & Family Complaint Resolution Process], which directs that repeated or unresolved complaints of a serious nature shall be brought to the attention of the Board of Directors in order to resolve complaints, concerns and suggestions. The Board Chair confirmed she was aware of the concerns raised by Family Council and that the Council had made two attempts to bring the unresolved issues to the attention of the Board without success. The Board did not take action to hear or resolve these outstanding concerns.

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Additional Required Actions:

VPC-pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8. 152(2) the licensee is hereby requested to prepare a written plan of corrective action to ensure that the Board of Directors develops and implements a process to ensure the management team is complying with the requirements under the Act and that the Board of Directors follows their established policies, in particular the policy related to Resident and Family Complaints resolution process. The plan is to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA 2007, S.O.2007.C.8 s79(1) and (3)(e)(h)(o)
(1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

(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;**
- (g.1) a copy of the service accountability agreement as defined in section 21 of the *Commitment to the Future of Medicare Act, 2004* entered into between the licensee and a local health integration network;**
- (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.**

Findings:

1. The licensee failed to post the home's procedure for initiating complaints to the licensee as required.
 - During initial tour of the home on April 15, 2011, the complaints process was not posted.
 - Staff interviews conducted on April 20, 2011 indicated that 23 of 26 staff interviewed had no

knowledge if the process for lodging complaints was posted or where in the home it would be posted.

2. The licensee failed to post the name and telephone number of the licensee in the home as required.
3. The licensee failed to post the most recent minutes of the Family Council meeting as required.

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Additional Required Actions:

VPC-pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8. 152(2) the licensee is hereby requested to prepare a written plan of corrective action to ensure that the home post all required information, in particular the procedure for initiating complaints to the Licensee, the name and telephone number of the Licensee and the most recent meeting minutes of the Family Council. The plan is to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10 s.101(1)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.

Findings:

The licensee failed to provide responses to the complainants within 10 business days in relation to the following:

1. A family member forwarded a letter in 2011 to the Manager of Program Development regarding concerns with seating changes in the dining room and requesting a resolution to the issue, a second letter in 2011 to the Director of Care expressing concerns related to retaliation against family members and a third letter in 2011 to the Executive Director identifying concerns with the homes response to Family Council issues, receiving threatening letters and sharing of information.
 - This family member confirmed that a response to these issues had not been received.
 - The Director of Care confirmed that responses to these issues were not provided to the complainant.

2. A second family member forwarded a letter in 2011 to the Executive Director regarding concerns with seating changes in the dining room and the negative effects on the residents involved, a second letter in 2011 to the Director of Care regarding staffing concerns as well as resident safety concerns and a third letter in 2011 to the Director of Care regarding alleged complaints made against this family and requesting a resolution of the seating changes in the dining room.
 - This family member confirmed that a response to these issues had not been received.
 - The Director of Care confirmed that responses to these issues were not provided to the complainant.
3. A third family member forwarded a letter in 2011 to the Manager of Program Development regarding concerns for a resident's safety while eating as well as seating issues in the dining room and another letter in 2011 to the Executive Director when there was not a response to safety issues noted above.
 - This family member confirmed that the homes response to the issues was incomplete and did not address seating issues in the dining room.

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Additional Required Actions:

VPC-pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8. 152(2) the licensee is hereby requested to prepare a written plan of corrective action to 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 investigated and resolved where possible, and a response that complies with paragraph 3 is 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. The plan is to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10 s. 101(2)(a)-(f)
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.

Findings:

The licensee has failed to maintain a documented record of complaints for 9 complaints received between March 31, 2011 and April 16, 2011.

1. The Director of Care confirmed a documented record in accordance with section 101 (2)(a-f) of the Regulations was not kept by the home for 9 identified complaints.

2. The Director of Care confirmed that a report of alleged abuse made to the home in 2011 was not included in the documented record kept by the home.

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Additional Required Actions:

VPC –pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to ensuring that a documented record for every verbal or written complaint received by the home is part of a documented record that includes the nature of the complaint, date received, type of action taken to resolve the complaint including the date of actions and the date for follow-up action, the final resolution, every date on which any response was provided to the complainant with a description of the response and any response made in turn by the complainant, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10 s. 101(3)(a)

The licensee shall ensure that,

(3) The licensee shall ensure that,

- (a) the documented record is reviewed and analyzed for trends at least quarterly;
- (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
- (c) a written record is kept of each review and of the improvements made in response.

Findings:

The licensee failed to review the documented record of complaints.

1. The Executive Director indicated that the process of reviewing and analyzing the documented record of complaints kept by the home would be completed by the Management Team and the Board's Strategic Planning Committee. A review of the meeting minutes for the Management Team, the Board of Directors and the Board's Strategic Planning Committee meetings since September 2010 indicated that there is no record that an analysis and trending of complaints received by the home has occurred.
2. The Executive Director confirmed that analysis and trending of complaints received by the home has not been conducted since July 2010.

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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to ensuring that the documented record of complaints received by the home is reviewed and analyzed for trends at least quarterly, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg. 79/10, s.8(1) a & b

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 all applicable requirements under the Act; and
- (b) is complied with.

Findings:

The Licensee has failed to ensure that their policies, procedures and protocols are in compliance with the requirements under the Act with respect to the following:

1. The Licensee's policy #AM-02-01-12 [Complaint Resolution Process/Resident/Family] dated July 2, 2010 is not in compliance with and implemented in accordance with LTCHA, 2007, S.O. c.8, s.22(1) with respect to:
 - The homes policy does not include the requirement to ensure that any written complaint concerning the care of a resident or the operation of the long-term care home shall be immediately forwarded to the Director.

The Licensee has not ensured that the homes policies, procedures or protocols are complied with in relation to the following:

1. The homes policy #AM-02-19-12 [Complaint Resolution Process/Resident/Family] dated July 2, 2010 directs staff to provide a response within 10 business days of the receipt of the complaint, to keep a documented record of the complaint that includes: the nature of the complaint/date received/type of action taken/follow-up action/final resolution/every date a response was provided to the complainant/response made in turn by the complainant and that this documented record is to be reviewed and analyzed for trends at least quarterly.
 - The licensee failed to comply with their policy and provide a response within 10 business days for 9 identified complaints received between March 31, 2011 and April 16, 2011, in accordance with s. 101(1)1 of the Regulations.
 - The licensee failed to comply with their policy and keep a documented record of the above noted information for the identified 9 complaints, in accordance with s. 101(2) a-f of the Regulations.
 - The licensee failed to comply with their policy to review and analyze the documented record of complaints for trends, in accordance with s. 101(3)a-c of the Regulations.
2. The homes policy # RC-04-01-12 [Nutritional Status and Choking Risk] dated May 16, 2005 directs staff that if a resident is coughing or choking on liquids or solids, a referral to the Registered Dietitian is to be made.
 - The licensee failed to comply with their policy when it was reported to the Director of Care in an email from a family member in attendance during the episode, that a resident had experienced an episode of choking and a referral was not made to the Registered Dietitian, in accordance with s. 11(a) of the Act.

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 related to ensuring that 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, that the plan, policy, protocol, procedure, strategy or system is in compliance with and is implemented in accordance with all applicable requirements un the Act and is complied with, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10 s.8(2)

Where the Act or this Regulation requires the licensee to keep a record, the licensee shall ensure that the record is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

Findings:

The licensee has failed to maintain a record of complaints received in accordance with O.Reg 79/10 s. 101(2) in a readable and useable format that allowed a complete copy of the record of complaints to be readily produced.

1. The record of complaints kept by the home could not be readily reproduced because the record was not complete. The Executive Director and the Director of Care confirmed that the information maintained in the record was not complete and the Director of Care was unable to produce a copy of the record when requested to do so.
2. The documented record of complaints kept by the home was not capable of being used to review and analyze the complaints received by the home for trends in accordance with O. Reg. 79/10 s.101 (3)(a) because the record was incomplete, and was not organized in accordance with the required information under O. Reg. 79/10 s. 101(2) (a-f).

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Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152 (2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance related to ensuring that the documented record of complaints received by the home is kept in a readable and useable format that allows a complete copy of the record to be readily produced, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with LTCHA 2007, S.O.2007.C.8 s. s60(2)

If the family council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

Findings:

The licensee failed to respond in writing and within 10 days to advice, concerns and recommendations made by Family Council.

- In preparation to attend the December 2010 Family Council meeting to address concerns raised, the Executive Director reviewed the council minutes from September 2010 to November 2010. The Executive Director did not provide a written response to outstanding issues at the December 14, 2010 council meeting. The licensee forwarded written responses to the concerns /issues identified on January 3, 2011, twenty days after becoming aware of the issues.
- During Family Council meeting of December 14, 2010, to which the Executive Director as well as the Chair and Vice Chair of the Idlewyld Board attended, 9 additional concerns were raised by Family Council members. Family Council did not receive a written response to these issues within 10 days.
- Family Council forwarded 25 outstanding concerns to the Licensee which were received on April 5, 2011. Family Council did not receive the written responses to these issues within 10 days.

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Additional Required Actions:

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

**Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.**



Title:

Date:

Date of Report: (if different from date(s) of inspection).

March 13, 2012



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	☒ Public Copy/Copie Public
Name of Inspector:	Phyllis Hiltz-Bontje	Inspector ID # 129
Log #:	H000318-11, H000860-11, H000807-11, H000801-11, H002852-10	
Inspection Report #:	2011_173_2931_14Apr170598 2011_129_2931_14Apr170858 2011_165_2931_14Apr111951	
Type of Inspection:	Complaint	
Date of Inspection:	April 15, 18, 19, & 20, 2011 May 3, 4, 16, 17, 18, 19, 24 & 25, 2011 June 2, 24, 27 & 28, 2011	
Licensee:	Idlewyld Manor 499 Sanatorium Rd. Hamilton, Ontario, L9C 2A7	
LTC Home:	Idlewyld Manor 499 Sanatorium Rd. Hamilton, Ontario, L9C 2A7	
Name of Administrator:	Maureen Goodram	

NOTE: These orders have been revised to reflect a decision of the Director on a review of the Inspector's orders. The Directors review was completed on November 11, 2011.

To Idlewyld Manor, you are hereby required to comply with the following orders by the dates set out below:

Order #:	#1	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: LTCHA, 2007 S.O., 2007 c.8 s.26(5) None of the following persons shall do anything that discourages, is aimed at discouraging or that has the effect of discouraging a person from doing anything mentioned in clauses (1) (a) to (c): 1. The licensee of a long-term care home or a person who manages a long-term care home pursuant to a contract described in section 110. 2. If the licensee or the person who manages the home is a corporation, an officer or director of the corporation.			

3. 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.

4. A staff member.

Order:

The Licensee shall ensure that the Licensee, the person who manages the home or staff members do not do anything that is aimed at or has the effect of discouraging the Family Council from reporting to an inspector or the Director anything that is mentioned in s. 26(1)(a) to (c) of the Act.

Grounds:

- The licensee took action aimed at discouraging Family Council from making a disclosure to an inspector/Director by indicating to the Council that the home might take legal action if the minutes of the Council's December 2010, meeting were shared with any "third party" and confirmed that third party included the Ministry.

This order must be complied with by: January 5, 2012

Order #:	#2	Order Type:	Compliance Order, Section 153 (1)(a)
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Pursuant to: LTCHA 2007, S.O.2007, c 8. s22(1)

Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director.

Order:

The licensee will immediately forward to the Director all written complaints received and not yet forwarded by the licensee that concern the care of a resident or the operation of the long-term care home.

Grounds:

- During the period of August 2010 to July 13, 2011 the licensee received 12 identified written complaints that were not forwarded to the Director.

This order must be complied with by: January 5, 2012

Order #:	#3	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: LTCHA 2007, S.O.2007.C.8 s. s65(a) and (b) The licensee of a long-term care home, (a) shall not interfere with the meetings or operation of the Residents' Council or the Family Council; (d) shall ensure that no staff member, including the Administrator or other person involved in the management or operation of the home, does anything that the licensee is forbidden to do under clauses (a) to (c).			
Order: The licensee shall refrain from interfering with the meetings or operation of Family Council. In particular the licensee shall: • establish a confidential and easily accessible mechanism to support the Family Council in providing information to the licensee (i.e. the Board Chair); • provide information requested by the Council in relation to the detailed allocation of funding provided to the home; • provide a bulletin board in a conspicuous and accessible location for the Family Council to post their minutes and other information to support them in providing information to the residents, family members and persons of importance to the resident; • not require the Family Council to submit minutes and other information to the Executive Director for approval prior to posting.			
Grounds: • Board members and the Executive Director prevented the Family Council from providing all complaints and concerns that the Family Council wished to be forwarded to the licensee, to the licensee. • Family council requested the detailed allocations of funding received by the home which was not provided by the licensee. • The licensee did not ensure that the Family Council's information, including the minutes of their meetings, was posted in a conspicuous and accessible location in the home after the Family Council made repeated requests to this effect. • The licensee refused to post the December, 2010 Family Council minutes, removed all posted Family Council meeting minutes and directed the Council to submit all meeting minutes to the Executive Director for approval prior to posting any of the Council's meeting minutes.			
This order must be complied with by:		January 20, 2012	



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

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, 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 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
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto ON M5S 2B1
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.

Signed on this 13th day of March, 2012.	
Signature of Inspector:	<i>P. Hiltz-Bontje</i>
Name of Inspector:	<i>Phyllis Hiltz-Bontje</i>
Service Area Office:	<i>Hamilton Services Area Office</i>



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