Ontario

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

Ministére 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) :	DIANA STENLUND (163), MELISSA CHISHOLM (188), MONIQUE BERGER (151)
Inspection No. / No de l'inspection :	2011_057163_0025
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Date of Inspection / Date de l'inspection :	Nov 28, 29, 30, Dec 1, 2, 5, 6, 7, 8, 12, 19, 2011; Jan 10, 11, 12, 13, 16, 17, 2012
Licensee / Titulaire de permis :	LADY ISABELLE NURSING HOME LTD 102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0
LTC Home / Foyer de SLD :	LADY ISABELLE NURSING HOME 102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DAVID K. A TRUDEL

To LADY ISABELLE NURSING HOME LTD, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

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

Ministére 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 : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Order / Ordre :

The licensee shall prepare and submit a plan to ensure that there is a quality improvement and utilization review system for the home that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the home. The plan shall be submitted to Diana Stenlund, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 159 Cedar Street, Suite 603, Sudbury ON P3E 6A5 by February 03, 2012.

Grounds / Motifs :

1. Inspector #163 interviewed the Quality Improvement Lead on December 01, 2011. When the inspector inquired if the home had developed and implemented a quality improvement and utilization review system, it was reported "I don't think so, it is just in its infancy as this point". (163)
2. Inspector #163 interviewed the Administrator, Assistant Director of Care (ADOC), and Director of Care (DOC) on December 01, 2011 about the development and implementation of the quality improvement and utilization review system currently in the home. The Administrator responded "I would not say that all parts are completed", the ADOC added "they are all at some level of progress; none of them are complete" and the DOC commented "we started about two months ago but we are not there yet for all the programs". (163)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Apr 17, 2012

Ontario

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

Ministére 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 : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee shall ensure that the medication management system for the home includes written policies and protocols developed for the use of medical directives.

Grounds / Motifs :

1. Inspector #188 spoke with the Director of Care, on December 06, 2011. Inspector inquired about the home's written policy related to the use of medical directives within the home. It was reported to the inspector that the home does not have a written policy related to the use of medical directives. (188)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Feb 03, 2012

Ontario

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

Ministére 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 : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).

Order / Ordre :

The licensee shall prepare and submit a plan to ensure that there is at least one registered dietitian (RD) on site in the home at least 30 minutes per resident per month. The plan shall be submitted to Diana Stenlund, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 159 Cedar Street, Suite 603, Sudbury ON P3E 6A5 by February 03, 2012.

Grounds / Motifs :

1. On December 01, 2011 the Administrator provided to inspector #163 a copy of the most recent "Advertising Invoice Statement 05/25/11 - 06/21/11" and faxed proof of the advertisement indicating recruitment for RD services for the home had occurred approximately 5 months previous in the month of July 2011. Inspector #163 interviewed the Administrator on December 01, 2011 about the provision of on site RD services. It was reported "we still don't have one, we have been advertising but still can't get one." When the inspector asked how long the home has been without a RD, the response was "about 2 years or so." (163)
2. Inspector #151 interviewed the Food Service Manager on December 06, 2011. It was confirmed that the home does not have a registered dietitian who does on site work at the home, "they have been without a dietitian for at least 2 years". (151)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Apr 17, 2012

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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director

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.

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 17th day of January, 2012

Signature of Inspector / Signature de l'inspecteur : Diana Stenlund

Name of Inspector / Nom de l'inspecteur : DIANA STENLUND

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

Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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

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

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 28, 29, 30, Dec 1, 2, 5, 6, 7, 8, 12, 19, 2011; Jan 10, 11, 12, 13, 16, 17, 2012	2011_057163_0025	Resident Quality Inspection

Licensee/Titulaire de permis

LADY ISABELLE NURSING HOME LTD
102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0

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

LADY ISABELLE NURSING HOME
102 CORKERY STREET, P.O. BOX 10, TROUT CREEK, ON, P0H-2L0

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

DIANA STENLUND (163), MELISSA CHISHOLM (188), MONIQUE BERGER (151)

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, Assistant Director of Care (ADOC), Director of Care (DOC), Maintenance Lead, Quality Improvement/Infection Prevention and Control Lead, Food Service/Housekeeping/Laundry Lead, Registered Staff, Personal Support Workers (PSWs), Dietary Aides, Housekeeping Staff, Laundry Staff, Activation/Adjuvant Care Staff, Office Manager, Family Council Chair, Resident's Council President, Family Members and Residents.

During the course of the inspection, the inspector(s) conducted tours of the home, reviewed health care records, observed staff to resident interactions and care, reviewed policies, reviewed the medication system, observed meal service and reviewed various staffing patterns and schedules.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Critical Incident Response

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

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

Safe and Secure Home

Skin and Wound Care

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits saillants :

1. The licensee has not ensured that a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care services, programs and goods provided to residents has been developed and implemented in the home. Inspector #163 interviewed the Administrator, Assistant Director of Care and Director of Care on December 01, 2011 about the quality improvement and utilization review system in the home. The Administrator responded "I would not say that all parts are completed", the Assistant Director of Care added "they are all at some level of progress; none of them are complete" and the Director of Care commented "we started about two months ago but we are not there yet for all the programs". [LTCA, 2007 S.O. 2007,c.8,s.84]
2. Inspector #163 interviewed the Quality Improvement Lead on December 01, 2011. When the inspector inquired if the home had developed and implemented a quality improvement and utilization review system, this staff responded, "I don't think so, it is just in its infancy as this point". [LTCA, 2007 S.O. 2007,c.8,s.84]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following subsections:

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

Findings/Faits saillants :

1. The licensee failed to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home. Inspector #188 spoke with the Director of Care on December 6, 2011. Inspector inquired about the home's written policy related to the use of medical directives within the home. It was reported to the inspector that the home does not have a written policy related to the use of medical directives. [O.Reg. 79/10, s.114(2)]

Additional Required Actions:

CO # - 002 will be 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. 74. Registered dietitian

Specifically failed to comply with the following subsections:

s. 74. (1) Every licensee of a long-term care home shall ensure that there is at least one registered dietitian for the home. O. Reg. 79/10, s. 74 (1).

Findings/Faits saillants :

1. The licensee has not ensured there is at least one registered dietitian (RD) for the home. Inspector #151 interviewed the Food Service Manager on December 06, 2011. It was confirmed that the home does not currently have a registered dietitian who does on site work at the home. The Food Service Manager stated "they have been without a dietitian for at least 2 years." [O.Reg.79/10,s.74(1)]
2. The licensee has not ensured there is at least one registered dietitian (RD) for the home. On December 01, 2011 the Administrator provided to inspector #163 a copy of the most recent "Advertising Invoice Statement 05/25/11 - 06/21/11" and faxed proof of the advertisement indicating recruitment for RD services for the home had occurred approximately 5 months previous in July 2011. Inspector #163 interviewed the Administrator on December 01, 2011 about the provision of on site RD services. It was reported "we still don't have one, we have been advertising but still can't get one." When the inspector asked how long the home been without a RD, the Administrator responded "about 2 years or so." [O.Reg.79/10,s.74(1)]

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (1) Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. 2007, c. 8, s. 85. (1).

s. 85. (2) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly. 2007, c. 8, s. 85. (2).

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

s. 85. (4) The licensee shall ensure that,
(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);
(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee has not ensured that the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3). Inspector #163 interviewed the Administrator on December 01, 2011. The inspector inquired about how the home makes the satisfaction survey results available to the Residents and Family Council. The Administrator reported "the results of the survey have not been shared".
Inspector #163 interviewed the Chair of the Family Council on December 06, 2011. It was reported that the licensee has not provided the results of the satisfaction survey and shared them with the Family Council. The Chair stated "I have not had any results shared from any surveys that I am aware of". The Chair added that they themselves have been with the Family Council almost 5 yrs.[LTCHA, 2007 S.O. 2007, c.8,s.85 (4)(a)]
2. The licensee has not made a reasonable effort to act on the results of the satisfaction survey and to improve the long-term care home and the care, services, programs and goods accordingly. Inspector #163 interviewed the Administrator on December 01, 2011 about the survey that was conducted in June and July 2011. It was reported "we have not taken action because we have not analyzed the surveys". [LTCHA, 2007 S.O. 2007, c.8,s.85(2)]
3. The licensee has not ensured that, at least once in every year, a survey is taken of residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home. Inspector #163 interviewed the Administrator on December 01, 2011. It was reported that a survey was conducted this year, however "only the families received the survey". [LTCHA, 2007 S.O. 2007, c.8,s.85(1)]
4. The licensee has not ensured they have sought the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results. In an interview with Inspector #151 on December 02, 2011, the Residents' Council Chair reported that the licensee does not seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results. The Chair stated "I have never seen a satisfaction survey, nor has the Council been approached in the development of a resident satisfaction survey."
[LTCA, 2007 S.O. 2007, c.8,s.85.(3)]

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 a survey is taken of residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home; the results of the satisfaction survey are documented and made available to the Residents' Council and the Family Council, if any, and to seek their advice under subsection (3); a reasonable effort is made to act on the results of the satisfaction survey and to improve the long-term care home and the care, services, programs and goods accordingly; and ensure the licensee has sought the advice of the Residents' Council and Family Council, if any, in developing and carrying out the satisfaction survey, and in acting on its results, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee did not ensure that the planned menu items are offered and available at each meal. Inspector #163 observed lunch on November 29, 2011 in the craft/dining room. The menu posted and the therapeutic menu indicated that coleslaw was to be provided. Inspector #163 interviewed a Dietary Aide. It was reported "no coleslaw today because the shredder machine broke."
The desserts posted on the same menus were banana and mint brownies. Inspector #163 inquired about what desserts were available on the dessert cart for today's lunch. The same Dietary Aide reported "almond cake and pumpkin spice cake." [O.Reg. 79/10, s. 71(4)]
2. The licensee did not ensure that the planned menu items are offered and available at each meal. Inspector #163 observed lunch in the craft/dining room on November 30, 2011. The menu posted indicated that the soup to be served was beef barley and the desserts were to be ice cream sundae and mandarins. A Dietary Aide was asked what soup was being provided for lunch on this day? It was reported "Italian wedding soup."
During lunch on the same day and location inspector #163 inquired about what desserts were on the dessert cart? The Dietary Aide reported "ice cream sundaes; we felt they would only like sundaes, so we only prepared sundaes." [O.Reg. 79/10, s. 71(4)]
3. The licensee did not ensure that the planned menu items are offered and available at each meal. During the lunch meal on November 28, 2011 in the craft/dining room, inspector #163 observed that food services ran out of meat pies which was posted as one of the main entrees. Inspector #163 observed that a Dietary Aide reported to a PSW, "we ran out of meat pies." The PSW checked with the kitchen however there were no more meat pies available to be served.
Seasoned spinach was posted in the craft/dining room for the lunch meal on November 28, 2011. Inspector #163 observed that seasoned spinach was not served in the craft/dining room at that meal. A Dietary Aide reported "I made the decision not to have it for this dining room as it is too hard for them to chew, we could have minced it I guess."
In the same location and day, the menu stated that tapioca pudding was to be available for lunch on November 28, 2011. Inspector #163 observed on November 28, 2011 that tapioca pudding was not available in the craft/dining room at lunch. A Dietary Aide was interviewed about the desserts available for lunch on November 28, 2011. It was reported "I did not get tapioca because I had lots of fruit, so I pureed that." [O.Reg. 79/10, s. 71(4)]

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 planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following subsections:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(a) cleaning of the home, including,
(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and
(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces;
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces;
(c) removal and safe disposal of dry and wet garbage; and
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has not ensured that procedures are developed and implemented for addressing incidents of lingering offensive odours. Inspector #163 interviewed the Housekeeping Lead on December 02, 2011. It was reported "we don't have a policy or procedure for addressing lingering odours." [O. Reg. 79/10, s.87 (2)(d)].
2. The licensee has not ensured that procedures are developed and implemented for addressing incidents of lingering offensive odours. On December 02, 2011 inspector #163 interviewed the Housekeeping Lead about lingering odours in a bathroom of one of the resident's rooms. This staff was observed to enter the bathroom of that room and responded "oh yes, there is a strong odour in here."[O. Reg. 79/10, s.87 (2)(d)].
3. The licensee has not ensured that procedures are developed and implemented for addressing incidents of lingering offensive odours. Inspector #163 interviewed a RN and RPN on December 01, 2011 about lingering odour in the bathroom of the same resident's room. Upon entering the resident's bathroom the RPN commented "Oh yes, I can smell it, it is very strong." The RN added, "Yes I can smell the urine too." [O. Reg. 79/10, s.87 (2)(d)].
4. The licensee has not ensured that procedures are developed and implemented for addressing incidents of lingering offensive odours. On December 01, 2011 housekeeping staff was interviewed by inspector #163 about the lingering bathroom odour in the same resident's room. It was reported "I had just cleaned this bathroom, but yes, I can still smell the urine too." [O. Reg. 79/10, s.87 (2)(d)].
5. The licensee has not ensured that procedures are developed and implemented for cleaning contact surfaces in resident's rooms. On December 01, 2011 and December 02, 2011 inspector #163 observed in two rooms that the cloth call bell cords were soiled in the bathrooms. Inspector #163 interviewed the Infection Prevention and Control Lead. It was reported: "the cloth cords are replaced once a month, if they are dirty then we replace them right away." [O.Reg. 79/10, s.87(2)(a)(i)]
6. The licensee has not ensured that procedures are developed and implemented for cleaning contact surfaces in resident's rooms. Inspector #163 interviewed a housekeeping staff on December 02, 2011 about the cleaning of the call bell cords in resident washrooms. It was reported "sometimes I give the white cloth cords a wipe with a javex cloth, maybe every second day and same with the red plastic cords." [O.Reg. 79/10, s.87(2)(a)(i)]
7. The licensee has not ensured that procedures are developed and implemented for cleaning contact surfaces in resident's rooms. Inspector #163 interviewed the Housekeeping Lead on December 02, 2011 about cleaning of cloth call bell cords in the resident bathrooms. It was reported "staff are to give them a wipe daily when they clean the rest of the surfaces in the bathroom". The Housekeeping Lead added "all cloth cords were supposed to be changed earlier this year and replaced with a plastic type wipeable cord." [O.Reg. 79/10, s.87(2)(a)(i)]

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 procedures are developed and implemented for addressing incidents of lingering odours and for the cleaning of contact surfaces in resident rooms, including call bell cords, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following subsections:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee has not ensured that staff who apply physical devices or who monitor residents restrained by physical devices receive training in the application, use and potential dangers of these physical devices. Inspector #163 interviewed the DOC, RN, and a RPN on December 08, 2011.
The DOC reported "I don't think that there has been any formal training on restraints", the RN said "I have not received training on the home's restraint policy" and the RPN reported "I have not received training on restraints".[O.Reg 79/10, s.221(5)]

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 training in the application, use and potential dangers of physical restraints is provided for staff who apply physical devices or who monitor residents restrained by physical devices, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

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.

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 ensure that a resident's right to privacy in treatment was fully respected and promoted. Inspector #188 observed the am medication pass on one of the wings on December 06, 2011. Inspector observed a RPN administer a puffer to a resident at 08:12h while the resident was sitting at a table in the dining room with two other residents having breakfast. [LTCHA 2007, S.O. 2007, c.8, s.3(1)(8)
2. The licensee failed to ensure that a resident's right to privacy in treatment was fully respected and promoted. Inspector #188 observed the am medication pass on one of the wings on December 06, 2011. Inspector observed a RPN administer eye drops and a puffer with aerochamber to a resident at 08:08h while the resident was sitting at a table in the dining room with two other residents having breakfast. [LTCHA 2007, S.O. 2007, c.8, s.3(1)(8)]
3. The licensee failed to ensure that a resident's right to privacy in treatment was fully respected and promoted. Inspector #151 observed medication administration on December 05, 2011. The inspector observed that a RN performed a finger prick blood glucose test on a resident while the resident was in the dining room for breakfast, in the process of eating and at a table with 3 other residents.[LTCHA 2007, S.O. 2007, c.8, s.3(1)(8)]

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 all residents have a right to privacy in treatment and that this is fully respected and promoted, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following subsections:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(a) electrical and non-electrical equipment, including mechanical lifts, are kept in good repair, and maintained and cleaned at a level that meets manufacturer specifications, at a minimum;
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment;
(c) heating, ventilation and air conditioning systems are cleaned and in good state of repair and inspected at least every six months by a certified individual, and that documentation is kept of the inspection;
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks;
(e) gas or electric fireplaces and heat generating equipment other than the heating system referred to in clause (c) are inspected by a qualified individual at least annually, and that documentation is kept of the inspection;
(f) hot water boilers and hot water holding tanks are serviced at least annually, and that documentation is kept of the service;
(g) the temperature of the water serving all bathtubs, showers, and hand basins used by residents does not exceed 49 degrees Celsius, and is controlled by a device, inaccessible to residents, that regulates the temperature;
(h) immediate action is taken to reduce the water temperature in the event that it exceeds 49 degrees Celsius;
(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;
(j) if the home is using a computerized system to monitor the water temperature, the system is checked daily to ensure that it is in good working order; and
(k) if the home is not using a computerized system to monitor the water temperature, the water temperature is monitored once per shift in random locations where residents have access to hot water. O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that procedures are developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained. On December 06, 2011 inspector #188 conducted a walk through of the shower room on the 'B' unit. Inspector noted tiles missing from around the shower water controls. The area behind these missing tiles was observed to be hollow and three towels/rags had been stuffed into this open area around the shower water controls. Inspector noted the plate cover on the shower water controls to be loose. Inspector spoke with a Maintenance staff, who identified that they were unaware of the open area or the towels/rags being used to fill the open area. [O.Reg. 79/10, s.90(2)(d)]
2. The licensee failed to ensure that procedures are developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks. Inspector #188 observed the shower room in the 'B' wing on December 5, 2011. Inspector observed that the shower grab bars in both the stand up shower and the bath tub shower were corroded with rust. Inspector noted that the front surface of the bathtub shower had black/green build up of grime along the top edge and the area around the seams was discoloured. Inspector spoke with a Maintenance staff, who identified that they are unaware of any procedures ensuring grab bars and plumbing fixtures are maintained and kept free of corrosion and cracks. [O.Reg. 79/10, s.90(2)(d)]
3. The licensee failed to ensure that there are schedules and procedures in place for routine, preventative and remedial maintenance. Inspector #188 spoke with a Maintenance staff, on December 06, 2011. Inspector inquired about schedules and procedures for routine, preventative and remedial maintenance. It was identified by the Maintenance staff that they were unaware of (and unable to provide) any formal schedules or written procedures for routine or preventative maintenance. [O. Reg. 79/10, s.90(1)(b)]
4. The licensee failed to ensure that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair. On December 06, 2011 inspector #188 noted that that two foot boards of beds in a particular shared room were loose and wiggled back and forth approximately 10cm when pressure applied. Inspector spoke with a Maintenance staff who confirmed that the foot board on one of the beds was loose and identified that the bolts on the bottom of the foot board needed to be tightened. Inspector inquired if any procedures are in place to check resident beds or equipment to ensure they are kept in good repair. The Maintenance staff reported to the inspector that they were unaware of any formal procedures or schedules for checking equipment, including resident beds. The maintenance staff was unable to identify if any procedures had been developed and implemented to ensure that all equipment, devices, assistive aids, and positioning aids are kept in good repair. [O.Reg. 79/10, s.90(2)(b)]
5. The licensee failed to ensure that procedures are developed and implemented to ensure that electrical and non-electrical equipment, including mechanical lifts, are kept in good repair and maintained at a level that meets manufacturer specifications. Inspector #188 spoke with a Maintenance staff on December 06, 2011. Inspector inquired about the maintenance of the mechanical lifts. It was reported to the inspector that there is no formal process and that they would change the batteries on the lift if required, and if the mechanical lift was broken they would contact the service provider to repair the equipment. This staff was unaware of procedures currently in place to ensure that mechanical lifts are kept in a good state of repair or maintained at a level that meets manufacturer specifications. [O.Reg. 79/10, s.90(2)(a)]

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 procedures are developed and implemented to ensure that the plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained; that there are schedules and procedures in place for routine, preventative and remedial maintenance; that procedures are developed and implemented to ensure that all equipment, devices, assistive aids and positioning aids in the home are kept in good repair; and that procedures are developed and implemented to ensure that electrical and non-electrical equipment, including mechanical lifts, are kept in good repair and maintained at a level that meets manufacturer specifications, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 117. Medical directives and orders — drugs
Every licensee of a long-term care home shall ensure that,
(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and
(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 117.

Findings/Faits saillants :

1. The licensee failed to ensure that no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. Inspector #188 spoke with a registered nurse (RN) on December 01, 2011 about medical directives. It was reported to the inspector that the home uses the same medical directives for all the residents. These signed medical directives (dated January 20, 2010 page 1 and October 12, 2010 on pages 2,3,4) are regarded as signed physicians orders for each resident. The RN added that when a medical directive needs to be initiated the registered staff member would write the medical directive out in the resident's medication administration record (MAR) and generally complete a progress note identifying why the drug was initiated. When asked if an individual physician's order is written for each resident each time a medical directive is initiated, it was indicated it is not. [O.Reg. 79/10, s.117(b)]
2. The licensee failed to ensure that all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act. Inspector #188 reviewed the physician's order section of a resident's health record on December 01, 2011. Inspector noted a photocopied medical directive in the front of the chart. This four page document was dated Oct 12, 2010 on page one and Jan 20, 2010 on the following three pages. The resident was admitted to the home in July 2011. Inspector reviewed four additional resident charts and noted that the same medical directives were photocopied and a copy placed on each chart. Inspector spoke with a RPN about the medical directives. The RPN reviewed a binder which contained a copy of the medical directives and confirmed the date stamps, and that the exact same medical directives are used for all residents in the home. When asked how often medical directives are reviewed, the RPN was uncertain, and directed the inspector to speak with a RN. Inspector spoke with a RN who informed the inspector that the home is looking to review the medical directives with the doctor in the home as they are outdated. [O.Reg. 79/10, s.117(a)]

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 no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs and that all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act, to be implemented voluntarily.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 123. Emergency drug supply
Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,
(a) that only drugs approved for this purpose by the Medical Director in collaboration with the pharmacy service provider, the Director of Nursing and Personal Care and the Administrator are kept;
(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;
(c) that, at least annually, there is an evaluation done by the persons referred to in clause (a) of the utilization of drugs kept in the emergency drug supply in order to determine the need for the drugs; and
(d) that any recommended changes resulting from the evaluation are implemented. O. Reg. 79/10, s. 123.

Findings/Faits saillants :

1. The licensee failed to ensure that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply, and tracking and documentation with respect to the drugs maintained in the supply. Inspector #188 spoke with the Director of Care on December 06, 2011. It was reported to the inspector that the home does not currently have a written policy related to the emergency drug supply. [O.Reg. 79/10, s.123(b)]
2. The licensee failed to ensure that only drugs approved by the Medical Director in collaboration with the pharmacy service provider are kept. Inspector #188 reviewed the homes emergency drug supply on December 06, 2011. The home's emergency drug supply is kept in a small blue bin in the "A drug room". This bin contained expired medications, the inspector also noted that four pill bottles had the previous labels removed and new hand written labels on the bottle. These labels were not pharmacy printed labels, nor did they contain an expiration date. One additional bottle of Amoxicillin had a residents name scratched out. Inspector spoke with two RPNs and the Director of Care (DOC) who identified that a list of drugs which are to be kept as part of the emergency drug supply is not developed or available. [O.Reg. 79/10, s.123(a)]

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 a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply, and tracking and documentation with respect to the drugs maintained in the supply and that only drugs approved by the Medical Director in collaboration with the pharmacy service provider are kept, to be implemented voluntarily.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits saillants :

1. The licensee failed to ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. Inspector #188 reviewed the home's emergency stock box on December 06, 2011. Inspector noted five pill bottles with the original pharmacy label removed and a hand written white mailing label placed on the pill bottle. These hand written labels identified the drug name and dose, but did not contain any other information (example: expiration date, ordering physician, pharmacy who filled the prescription). [O.Reg. 79/10, s.126]

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 drugs remain in the original labeled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that no drug is administered to a resident in the home unless the drug has been prescribed for the resident. Inspector #188 reviewed the November 2011 MAR for a resident on December 06, 2011. Inspector noted the MAR identifies that this resident is to receive a certain medication, 500mg bid x 2weeks from November 11-21, 2011. Inspector reviewed the physician's orders section of the health care record and noted no physician's orders for this medication. A photocopy of the home's medical directives are in the health care record which includes this medication, however no physician's order for this resident to receive this drug was located by the inspector. [O.Reg. 79/10, s.131(1)]
2. The licensee failed to ensure that no drug is administered to a resident in the home unless the drug has been prescribed for the resident. Inspector #188 reviewed the November 2011 MAR for another resident on December 06, 2011. Inspector noted the MAR identifies that this resident received 5cc of a certain medication on November 28, 2011 at 0800h and 2030h. Inspector reviewed the physician's orders section of the health care record and noted no physician's orders for this medication. A photocopy of the home's medical directives are in this resident's health care record which does include this medication, however no physician's order for this resident to receive this drug was located by the inspector. [O.Reg. 79/10, s.131(1)]
3. The licensee failed to ensure that no drug is administered to a resident in the home unless the drug has been prescribed for the resident. Inspector #188 reviewed the November 2011 medication administration record (MAR) for a further resident on December 06, 2011. Inspector noted the MAR identifies that this resident received a medication on November 16, 2011, and 5cc PO Q4h PRN of a another medication, once each on November 16, 19, 20, and 22, 2011. Inspector reviewed the physician's orders section of the resident's health care record and noted no physician's orders for these medications. A photocopy of the home's medical directives are in the health care record which do include these medications, however no physician's order for this resident to receive these drugs was located by the inspector. [O.Reg. 79/10, s.131(1)]

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 no drug is administered to a resident in the home unless the drug has been prescribed for the resident, to be implemented voluntarily.

WN #14: 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. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (5) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

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 pneumoccocus, 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 ensure that staff monitor symptoms of infection in residents on every shift. During the initial tour on November 28, 2011 inspector #188 noted that a resident was on a certain type isolation. Inspector spoke with a RN on November 29, 2011 inquiring the reason for this resident's isolation. The RN identified the reason for the isolation however was uncertain how long the resident had been on isolation or when the resident will be removed from isolation. Inspector reviewed this resident's health care record on December 01, 2011, including progress notes and noted no entries identifying when or why the isolation was initiated. Inspector reviewed all the progress notes for November 2011. Several notes identify the resident's condition, however no documentation included the isolation or monitoring of the resident's symptoms. Inspector reviewed the 24 hour unit report and noted only one entry in November 2011, identifying that the resident remains on isolation and symptoms are improving. No further monitoring of the resident's symptoms were noted. Inspector spoke with the Infection Control Lead on December 01, 2011. It was identified that monitoring of the resident's symptoms should be documented both on the 24 hour unit report and the resident's progress note. The Infection Control Lead informed the inspector that the resident was initiated on isolation on November 22, 2011 and that the registered staff member who initiated the isolation was new and did not initiate the monitoring process. This staff confirmed that the 24 hour unit report and progress notes for this resident does not include monitoring of symptoms on every shift. [O.Reg. 79/10, s.229(5)(a)]
2. The licensee failed to ensure that staff participate in the implementation of the infection prevention and control program by completing hand hygiene throughout the medication pass. Inspector #188 observed the 0800 medication pass on December 6, 2011. Inspector noted that a RPN did not wash their hands once while being observed by the inspector. Inspector observed the RPN from 07:47h until 08:27h during which time this staff administered medications to 5 different residents, including eye drops and puffers. At 08:20h inspector observed the RPN pour a resident's medications into their hands prior to placing them in a medcup to be crushed. [O.Reg. 79/10, s.229(4)]
3. The licensee failed to ensure that residents are offered immunizations against tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. Inspector #188 spoke with the Infection Control Lead for the home on December 01, 2011. It was identified to the inspector that the home has identified five residents who require updated tetanus and diphtheria vaccination, however these vaccines have not yet been offered to those five residents. This staff reported that the home plans on offering the vaccines to residents in the near future. [O.Reg. 79/10, s.229(10)(3)]
4. The licensee failed to ensure that residents are offered immunizations against pneumoccocus in accordance with the publicly funded immunization schedules posted on the Ministry website. Inspector #188 spoke with the Infection Control Lead for the home on December 01, 2011. It was identified to the inspector that only residents who met the criteria outlined by the home's Medical Director are offered immunization against pneumoccocus. This staff identified that currently only one resident within the home has been offered and received immunization against pneumoccocus. [O.Reg. 79/10, s.229 (10)(3)]
5. The licensee failed to ensure that resident are offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website. Inspector #188 reviewed the health care records of five residents on December 01, 2011. Inspector noted that these five residents, have not been offered pneumoccocus, tetanus and diphtheria vaccines. [O. Reg. 79/10, s.229(10)(3)]
6. The licensee failed to ensure that each resident admitted to the home is screened for tuberculosis within 14 days of admission. Inspector #188 spoke with the Infection Control Lead for the home on December 01, 2011. It was reported that the home has experienced trouble with their vaccine fridge in the past and that some residents may not have received their tuberculosis screening within the 14 day time frame or have been screened at all. [O.Reg. 79/10, s.229 (10)(1)]
7. The licensee failed to ensure that each resident admitted to the home is screened for tuberculosis within 14 days of admission. Inspector #188 reviewed the health care records of five recently admitted residents. Inspector noted that three of these residents, have not received tuberculosis screening since admission to the home. Inspector did not locate any documentation indicating these three residents had been screened at some time in the 90 days prior to admission. Inspector noted that two residents, received tuberculosis screening however it was outside of the 14 day time frame.One resident received screening 21 days after admission to the home and the other resident received screening 47 days after admission to the home. [O. Reg. 79/10, s.229 (10)(1)]

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 staff monitor symptoms of the infection in residents on every shift; that staff participate in the infection prevention and control program by completing hand hygiene throughout the medication pass; that residents are offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website; and each resident admitted to the home is screened for tuberculosis within 14 days of admission, to be implemented voluntarily.

WN #15: 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. The licensee has not ensured that the home has a falls prevention and management program which provides 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. Inspector #151 interviewed the Director of Care on December 08, 2011. It was confirmed that the home does not have a falls prevention and management program and that it is a work in progress.
2. Inspector #151 interviewed a RPN on December 06, 2011. It was confirmed that the home does not have a formal falls prevention and management program and that it was a work in progress. [O.Reg.79/10, s.49.(1)]

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 the home has a falls prevention and management program which provides 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, to be implemented voluntarily.

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following subsections:

s. 52. (1) The pain management program must, at a minimum, provide for the following:
1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).

Findings/Faits saillants :

1. The licensee has not ensured that the pain management program provides for strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. Inspector #151 interviewed the Director of Care (DOC) on December 08, 2011. The DOC stated "the home does not have a formal pain management program, it's a work in progress". [O.Reg.79/10, s. 52. (1) 2]

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 strategies are in place to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids, to be implemented voluntarily.

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following subsections:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.
3. Resident monitoring and internal reporting protocols.
4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).

Findings/Faits saillants :

1. The licensee has not ensured there are written approaches to care developed to meet the needs of the residents with responsive behaviours that include screening protocols, assessment, reassessment,and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. Inspector #151 interviewed the Director of Care on December 08, 2011. It was confirmed that there is no formal Responsive Behaviours Management Program. [O.Reg.79/10, s. 53.(1)1]

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 the following are developed to meet the needs of residents with responsive behaviours: written approaches to care, including screening protocols, assessment, reassessment, and indentification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social environmental or other, to be implemented voluntarily.

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 245. Non-allowable resident charges
The following charges are prohibited for the purposes of paragraph 4 of subsection 91 (1) of the Act:
1. Charges for goods and services that a licensee is required to provide to a resident using funding that the licensee receives from,
i. a local health integration network under section 19 of the Local Health System Integration Act, 2006, including goods and services funded by a local health integration network under a service accountability agreement, and
ii. the Minister under section 90 of the Act.
2. Charges for goods and services paid for by the Government of Canada, the Government of Ontario, including a local health integration network, or a municipal government in Ontario.
3. Charges for goods and services that the licensee is required to provide to residents under any agreement between the licensee and the Ministry or between the licensee and a local health integration network.
4. Charges for goods and services provided without the resident's consent.
5. Charges, other than the accommodation charge that every resident is required to pay under subsections 91 (1) and (3) of the Act, to hold a bed for a resident during an absence contemplated under section 138 or during the period permitted for a resident to move into a long-term care home once the placement co-ordinator has authorized admission to the home.
6. Charges for accommodation under paragraph 1 or 2 of subsection 91 (1) of the Act for residents in the short-stay convalescent care program.
7. Transaction fees for deposits to and withdrawals from a trust account required by section 241, or for anything else related to a trust account.
8. Charges for anything the licensee shall ensure is provided to a resident under this Regulation, unless a charge is expressly permitted. O. Reg. 79/10, s. 245.

Findings/Faits saillants :

1. The licensee has not ensured that residents are not charged for goods and services paid for by the Government of Canada, the Government of Ontario, including a Local Health Integration Network, or a municipal government in Ontario. On May 24, 2011, inspector #151 reviewed charges for a resident. Inspector noted that the licensee charged a resident a fee for urgent blood work required and ordered by the physician. [O.Reg.79/10, s. 245. 2.]

WN #19: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council

Specifically failed to comply with the following subsections:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has not ensured that they responded in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations. Inspector #151 interviewed the Resident Council Chair on December 02, 2011. It was reported that the home does not respond in writing within 10 days of advice of Council concerns or recommendations. The Chair stated "they do get a response but only at the next meetings and in an oral format given by the Council Assistant." On average the meetings are held monthly. On December 02, 2011 inspector #151 reviewed the minutes of the three (3) most recent Resident Council meetings. The inspector noted that a meeting was held on November 16, 2011 and that residents had expressed concerns regarding slow response to call bells, desire for evening movies and a "huge concern" to have the bird feeders returned. No written response to these concerns was located by this inspector. [LTCA,2007 S.O.2007,c.8, s.57. (2)]

WN #20: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 80. Regulated documents for resident

Specifically failed to comply with the following subsections:

s. 80. (1) Every licensee of a long-term care home shall ensure that no regulated document is presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, unless,
(a) the regulated document complies with all the requirements of the regulations; and
(b) the compliance has been certified by a lawyer. 2007, c. 8, s. 80. (1).

Findings/Faits saillants :

1. The licensee has not ensured that any regulated document(s) presented for signature to a resident or prospective resident, a substitute decision-maker of a resident or prospective resident or a family member of a resident or prospective resident, has been certified by a lawyer for compliance with all the requirements of the regulations.
On December 05, 2011, Administrative Assistant, and Executive Administrative Assistant were interviewed by inspector #151 in regards to resident charges. Both staff confirmed that the current admission agreement has not been vetted through a lawyer. [LTCA, 2007 S.O. 2007,c.8,s.80. (1) (b)]

WN #21: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program

Specifically failed to comply with the following subsections:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,
(a) the provision of supplies and appropriate equipment for the program;
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;
(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;
(d) opportunities for resident and family input into the development and scheduling of recreation and social activities;
(e) the provision of information to residents about community activities that may be of interest to them; and
(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee has not ensured the home has a program that includes a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents and reflect their interests. Inspector #151 reviewed the health care record for a resident noted to be cognitively impaired and have behaviour issues. On December 06, 2011, a PSW was interviewed by Inspector #151. It was reported "there is not much programming for this resident other than television and toys".
On December 05, 2011, two Adjuvant staff were interviewed by inspector #151. These staff reported that "other than the walking program, this resident is not involved in any other activation program."
At no time during Inspector 151's attendance in the home on November 28,29,30,Dec 1,2,5,6, 2011 did the Inspector observe this resident in any organized activity, nor did the inspector observe anyone providing 1 on 1 activation.
[O.Reg.79/10, s. 65. (2) (c)]

WN #22: The Licensee has failed to comply with O.Reg 79/10, s. 224. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 224. (1) For the purposes of clause 78 (2) (r) of the Act, every licensee of a long-term care home shall ensure that the package of information provided for in section 78 of the Act includes information about the following:
1. The resident's ability under subsection 82 (2) of this Regulation to retain a physician or registered nurse in the extended class to perform the services required under subsection 82 (1).
2. The resident's obligation to pay the basic accommodation charge as described in subsection 91 (3) of the Act.
3. The obligation of the resident to pay accommodation charges during a medical, psychiatric, vacation or casual absence as set out in section 258 of this Regulation.
4. The method to apply to the Director for a reduction in the charge for basic accommodation and the supporting documentation that may be required, including the resident's Notice of Assessment issued under the Income Tax Act (Canada) for the resident's most recent taxation year.
5. A list of the charges that a licensee is prohibited from charging a resident under subsection 91 (1) of the Act.
6. The list of goods and services permitted under paragraph 3 of subsection 91 (1) of the Act that a resident may purchase from the licensee and the charges for those goods and services.
7. The resident's ability to have money deposited in a trust account under section 241 of this Regulation.
8. The Ministry's toll-free telephone number for making complaints about homes and its hours of service. O. Reg. 79/10, s. 224 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the admission package includes how to apply for a reduction in the charge for basic accommodation and the supporting documentation that may be required. Inspector #188 reviewed the home's admission package on December 07, 2011. Inspector noted it does not include how to apply for a reduction in the charge for basic accommodation and the supporting documentation required. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that the home's admission package does not include how to apply for a reduction in the charge for basic accommodation. [O.Reg. 79/10, s.224(1)(4)]
2. The licensee failed to ensure that the admission package includes a list of goods and services that a resident may purchase from the licensee and the charges for those goods and services. Inspector #188 reviewed the admission package on December 07, 2011. Inspector noted that the admission package does include a list of good and services that a resident may purchase from the licensee however the amount to be charged for those good and services is not included in this document. [O.Reg. 79/10, s.224 (1)(6)]

WN #23: The Licensee has failed to comply with O.Reg 79/10, s. 225. Posting of information

Specifically failed to comply with the following subsections:

s. 225. (1) For the purposes of clause 79 (3) (q) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 79 of the Act includes the following:
1. The fundamental principle set out in section 1 of the Act.
2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 101 (3) of the Act.
3. The most recent audited report provided for in clause 243 (1) (a).
4. The Ministry's toll-free telephone number for making complaints about homes and its hours of service.
5. Together with the explanation required under clause 79 (3) (d) of the Act, the name and contact information of the Director to whom a mandatory report shall be made under section 24 of the Act. O. Reg. 79/10, s. 225 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the most recent audited report was posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector observed that the most recent audited report was not posted within the home. Inspector spoke with an administrative staff on December 08, 2011. This staff provided the inspector with the most recent audited report however indicated that this report was not posted within the home. [O.Reg. 79/10, s.225(1)(3)]

WN #24: The Licensee has failed to comply with O.Reg 79/10, s. 115. Quarterly evaluation

Specifically failed to comply with the following subsections:

s. 115. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 115 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that an interdisciplinary team, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. Inspector #188 spoke with the Director of Care on December 6, 2011. It was reported to the inspector that the home hopes to establish an interdisciplinary medication management team in the near future. [O.Reg. 79/10, s.115(1)]

WN #25: The Licensee has failed to comply with O.Reg 79/10, s. 116. Annual evaluation

Specifically failed to comply with the following subsections:

s. 116. (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who is a member of the staff of the home, meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 79/10, s. 116 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that an interdisciplinary team meets annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. Inspector spoke with the Director of Care on December 06, 2011. It was reported to the inspector that the home hopes to establish an interdisciplinary medication management team in the near future. [O.Reg. 79/10, s.116(1)]

WN #26: 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 failed to ensure that controlled substances are stored in a separate locked area within the locked medication cart. Inspector #188 observed the medication cart on the A wing on December 06, 2011. The narcotics are kept in a separate locked area in the bottom drawer of the medication cart. Inspector observed that the key to this separate locked area is stored on a small hook directly beside the locked area in the bottom drawer on the medication cart . During the 0800 medication pass inspector observed a RPN use the key to unlock and re-lock the drawer using the key hanging beside the locked area. Inspector was observing the medication cart at approximately 10:06h and noted that the key remained hanging in an unlocked bottom drawer of the medication cart, directly beside the locked area. Although the separate area within the locked medication cart is used, the key is stored directly beside the locked area, allowing free access to the locked medication area within the medication cart. [O.Reg. 79/10, s.129 (1)(b)]
2. The licensee failed to ensure that drugs are stored in compliance with manufacturer's instructions for the storage of the drugs. Inspector #188 reviewed the home's emergency drug supply on December 06, 2011. Inspector noted the following expired medications. Prednisone 5mg, expires July 8, 2011 and Risperidone 0.25mg expired November 30, 2011. Inspector also noted 5 additional pill bottles which did not contain an expiration date. All expired and incorrectly labelled medications were communicated to the DOC. [O.Reg. 79/10, s.129 (1)(a)(iv)]

WN #27: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service

Specifically failed to comply with the following subsections:

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(a) procedures are developed and implemented to ensure that,
(i) residents' linens are changed at least once a week and more often as needed,
(ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,
(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and
(iv) there is a process to report and locate residents' lost clothing and personal items;
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;
(c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and
(d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there is a process to report and locate resident's lost clothing and personal items. Inspector #188 spoke with two PSWs, one RPN and a laundry aide on December 07, 2011. All four staff members reported to the inspector that they will search for missing personal clothes when reported to them but the home does not have a formal process to report and locate resident's lost clothing and personal items. When inspector inquired if a process is in place to report clothing that is not found during the initial search they all responded that no formal process is currently developed to report residents' lost clothing. [O.Reg. 79/10, s.89(1)(a)(iv)]

WN #28: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,
(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) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
(q) an explanation of the protections afforded by section 26; and
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits saillants :

1. The licensee failed to ensure that the admission package includes information about the Family Council. Inspector #181 reviewed the home's admission package on December 07, 2011. Inspector noted it does not contain information about the Family Council. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that the home's admission package does not include information about the Family Council. [LTCHA 2007, S.O. 2007, c.8, s.78(2)(p)]
2. The licensee failed to ensure that the admission package includes the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy. Inspector #188 reviewed the home's admission package on December 07, 2011. Inspector noted it does not contain the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that the home's admission package does not include the home's policy on minimizing the restraining of residents and how to obtain a copy of the policy. [LTCHA 2007, S.O. 2007, c.8, s.78(2)(g)]
3. The licensee failed to ensure that the admission package includes the home's procedure for initiating complaints to the licensee. Inspector #188 reviewed the home's admission package on December 07, 2011. Inspector noted it does not contain the home's procedure for initiating complaints to the licensee. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that the home's admission package does not include the home's procedure for initiating complaints. [LTCHA 2007, S.O. 2007, c.8, s.78(2)(e)]

WN #29: 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 ensure that the most recent minutes of the Family Council meetings is posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector observed that the most recent minutes of the Family Council meetings had not been posted. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that the most recent minutes of the Family Council meetings is not posted within the home. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(o)]
2. The licensee failed to ensure that the most recent minutes of the Residents' Council meetings is posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector observed that the most recent minutes of the Residents' Council meetings was not posted. Inspector spoke with a RPN, on December 08, 2011. It was confirmed to the inspector that the most recent minutes of the Residents' Council meetings is not posted within the home. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(n)]
3. The licensee failed to ensure that an explanation of evacuation procedures is posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector noted that an explanation of the evacuation procedures is not posted. Inspector spoke with a RPN, on December 08, 2011. It was confirmed to the inspector that an explanation of the evacuation procedures are not posted within the home. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(j)]
4. The licensee failed to ensure that an explanation of the measures to be taken in case of a fire are posted and communicated. Inspector conducted a walk through of the home on December 07, 2011. Inspector observed that an explanation of the measures to be taken in case of a fire are posted behind the nursing station, however this area is not accessible to residents and visitors. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that an explanation of the measures to be taken in case of a fire are only posted behind the nursing station and this area is not accessible to residents and visitors. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(i)]
5. The licensee failed to ensure that the name and telephone number of the licensee is posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector observed that the name and telephone number of the licensee was not posted. Inspector spoke with a RPN and the Administrator, on December 08, 2011, both of whom confirmed to the inspector that the name and telephone number of the licensee is not posted. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(h)]
6. The licensee failed to ensure that the home's policy to minimize the restraining of residents is posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector observed that the home's policy to minimize the restraining of residents was not posted. Inspector spoke with a RPN on December 08, 2011. It was confirmed to the inspector that the home's policy to minimize the restraining of residents is not posted within the home. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(g)]
7. The licensee failed to ensure that the procedures for initiating complaints to the licensee is posted and communicated. Inspector #188 conducted a walk through of the home on December 07, 2011. Inspector noted that the procedures for initiating complaints to the licensee is not posted. Inspector spoke with a RPN and the Administrator, on December 08, 2011, both of whom confirmed to the inspector that the home's procedures for initiating complaints to the licensee is not posted within the home. [LTCHA 2007, S.O., 2007, c.8, s.79(3)(e)]

WN #30: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. On December 06, 2011 inspector #188 conducted a walk through of the shower room on the 'B' unit. Inspector noted tiles missing from around the shower water controls. The area behind these missing tiles is hollow and three towels/rags had been stuffed into this open area around the shower water controls. Inspector noted the plate cover on the shower water controls to be loose. Inspector spoke with a Maintenance staff who identified that they were unaware of the open area or the towels/rags being used to fill the open area. [LTCHA 2007, S.O. 2007, c.8, 15(2)(c)]
2. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. Inspector #188 conducted a walk through of the home on December 05, 2011. Inspector noted the following areas of the home and furnishings not to be in a good state of repair.
- A wing, base board near heater missing approximately 5cm.
- A wing, a piece of floor tile missing near baseboard heater.
- A wing, entrance to room 8, a piece of floor tile missing, approximately 4cmx10cm
- Medication room, A hallway, paint chipped off the middle of the door, approximately 40cm x 3cm.
- A resident room, bathroom, baseboard behind the toilet no longer adhered to wall, area approximately 20cm, area behind base board discoloured
- A resident room, floor board near bathroom door missing a section approximately 5cm - edges very rough.
[LTCHA 2007, S.O. 2007, c.8, s.15(2)(c)]
3. The licensee failed to ensure that the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. Inspector #188 conducted a walk through of the home on December 05, 2011. Inspector noted the following resident equipment not maintained in a safe condition. The foot boards of each bed in a particular shared resident's room, when touched by the inspector, wiggled back and forth approximately 10 centimeters. The bolts on the bottom of the foot boards are quite loose. [LTCHA 2007, S.O. 2007, c.8, s.15(2)(c)]

WN #31: The Licensee has failed to comply with O.Reg 79/10, s. 113. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of the restraining of residents by use of a physical device under section 31 of the Act or pursuant to the common law duty referred to in section 36 of the Act is undertaken on a monthly basis;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 29 of the Act, and what changes and improvements are required to minimize restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes or improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (a), (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes were implemented is promptly prepared. O. Reg. 79/10, s. 113.

Findings/Faits saillants :

1. The licensee has not ensured that the policy to minimize restraining has been evaluated once in every calendar year. Inspector #163 interviewed the Administrator on December 08, 2011. It was reported "the 2008 policy on restraints is the current one and we have not revised it since then". [O.Reg. 79/10,s.113(b)]
2. On December 07, 2011 the Administrator provided inspector #163 with a copy of the current policy to minimize restraining. The policy entitled "Restraints Policy" was noted to be revised October 2008 and signed by the Administrator. [O.Reg. 79/10,s.113(b)]

WN #32: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.

Specifically failed to comply with the following subsections:

s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).

Findings/Faits saillants :

1. The licensee has not ensured that the home's policy to minimize the restraining of residents is complied with. Inspector reviewed the home's "Restraint Policy and Procedure". This document indicates that an example of a physical restraint is "full bedrails on both sides of the bed" and that "minimum intervention for physically restrained residents shall include, but not limited to HOURLY CHECKS, to monitor the residents' safety, comfort and position of the restraint". The "Care Plan" document for a resident indicates "put 2 side rails up for safety at HS" . In reviewing the health care record inspector #163 was unable to find monitoring of the physical restraint (2 full bedrails) for the identified resident. A RPN confirmed with the inspector on December 08, 2011 that there is no documentation indicating that this resident has been monitored as per the home's restraint policy. [LTCHA, 2007 S.O. 2007, c.8,s.29(1)(b)]

WN #33: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following subsections:

s. 60. (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. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has not ensured that if the Family Council brings forth concerns or recommendations, the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. Inspector #163 interviewed the Chair of the Family Council on December 06, 2011. It was reported "we have done some projects around the home, the new gazebo for one, back in June 2011 we wanted to know who was responsible for the maintenance of it and taking care of the flower garden around it. A verbal discussion with the Administrator did not bring out an outcome so we put it down in writing but we did not get a written response within 10 days." The inspector reviewed the September 2011 Family Council minutes. The minutes indicate that the Family Council wanted to know who was responsible for the maintenance of the new gazebo and upkeep of the flower garden surrounding it. It was noted from the September 2011 minutes, "Response for maintenance letter: No response was received from our letter to the Administrator (letter sent in June/11)." [LTCHA, 2007 S.O. 2007,c.8,s.60(2)]

WN #34: 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. The licensee has not ensured that the care set out in the plan of care is provided to the resident as specified in the plan. A resident's care plan dated November 11, 2011 states that the goal of care is to increase the resident's time at programs, and to receive 1 on 1 activities. On December 06, 2011, a PSW was interviewed by inspector # 151. It was reported that this resident does not go to organized activities. On December 05, 2011, two Adjuvant/PSWs were interviewed by inspector #151. These staff stated the following "we agree that other than the walking program, this resident is not involved in any other activation program."
At no time during Inspector 151's attendance in the home November 28,29,30,Dec 1,2,5,6, 2011 did the Inspector observe this resident in any organized activity, nor did Inspector observe any staff providing 1 on 1 activation. [LTCA,2007 S.O.2007,c.8, s.6.(7)]
2. The licensee has not ensured that the care set out in the plan of care is provided to the resident as specified in the plan. "Care Plan" document for a certain resident indicates "wears size xlrg pullup at all times". Inspector #163 interviewed a RN, a RPN and a PSW on December 06,2011 about this resident's continence care and bowel management needs. The RN reported "this resident wears underwear, however is not wearing a pull-up today" , the RPN stated "this resident can take themselves to the toilet and does not wear any Attends-like products" and the PSW reported "this resident only wears underwear." [O. Reg 2007, c. 8, s. 6 (7).]

Issued on this 18th day of January, 2012

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

Diana Stenlund

Ontario

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

Rapport d'inspection prévue 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

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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Date(s) of inspection/Date de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
November 28 - December 02, 2011 and December 05 – December 08, 2011 DS	2011_057163_0025	Annual RQI

Licensee/Titulaire de permis
Lady Isabelle Nursing Home Ltd, 102 Corkery Street, P.O. Box 10, Trout Creek, ON, P0H 2L0

Long-Term Care Home/Foyer de soins de longue durée
Lady Isabelle Nursing Home, 102 Corkery Street, P.O. Box 10, Trout Creek, ON, P0H 2L0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
Diana Stenlund, #163

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:

(Please delete empty rows. Ensure the signature box is on the same page as the last row of corrected requirement.)

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
A1.11(1) LTC Homes Program Manual now found in LTCHA 2007. S.O. 2007 c. 8, s.3(1) or (2)		April 26, 2010 Annual Inspection	
A1.11(6) LTC Homes Program Manual found in LTCHA 2007 S.O. 2007 c.8,s.3 (1) (ii)		April 26, 2010 Annual Inspection	
M1.18 LTC Homes Program Manual now found in O.Reg 79/10,s. 8(1)		April 26, 2010 Annual Inspection	
M3.7 LTC Homes Program Manual now found in O.Reg 79/10, s.107(1)		April 26, 2010 Annual Inspection	

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

Issued on this 19th day of January , 2012

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

Diana Sternlund, #163