



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MONIQUE BERGER (151)
Inspection No. / No de l'inspection :	2012_138151_0016
Type of Inspection / Genre d'inspection:	Follow up
Date of Inspection / Date de l'inspection :	Jun 14, 15, 20, 21, 2012
Licensee / Titulaire de permis :	MANITOUWADGE GENERAL HOSPITAL 1 HEALTH CARE CRESCENT, MANITOUWADGE, ON, P0T-2C0
LTC Home / Foyer de SLD :	MANITOUWADGE GENERAL HOSPITAL 1 HEALTH CARE CRESCENT, MANITOUWADGE, ON, P0T-2C0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	JUDITH C. HARRIS

To MANITOUWADGE GENERAL HOSPITAL, you are hereby required to comply with the following order(s) by the date (s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

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

Pursuant to / Aux termes de :

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

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

i. kept closed and locked,

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

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

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

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

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

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

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

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

Order / Ordre :

The licensee shall prepare , submit and implement a plan that will ensure that all doors leading to stairways and the outside are kept closed and locked, and that these doors are equipped with an audible door alarm .

This plan shall be submitted in writing to Long Term Care Home's Inspector, Monique Berger, Ministry of Health and Long Term Care Performance Improvement and Compliance Branch, 159 Cedar Street, Sudbury, Ontario P3E 6A5 by July 3, 2012

Grounds / Motifs :



**Ministry of Health and
Long-Term Care**

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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. Inspector did an initial tour of the home on June 14, 2012 at 0745h. The door at the end of the corridor that leads to an outdoor space was found to be unlocked and not alarmed. Inspector noted that there was no outdoor resident protected space outside of this door and that anyone going through this door had direct access to a lake and wooded area approximately 500 feet away. In addition, the door in the dining room leading to the outdoors was found to be unlocked and not alarmed. Inspector noted that there was no outdoor resident protected space outside of this door and that anyone going through this door had direct access to a lake and wooded area approximately 500 feet away. Inspector was able to open the doors easily with no alarm sounding or staff investigating the open doors. Inspector did identify the issue to staff who stated that both doors were on by-pass status. Staff keyed the doors to be locked and alarmed.

Subsequent to staff action, Inspector did retry both doors and found that both remained unlocked and not alarmed.

At 1330 h June 13, 2012 in the presence of staff. Inspector tried both doors again: both doors were found to be unlocked and not alarmed. By-pass panel indicated that doors were locked and alarmed.

This issue was identified previously in the RQI report of August 2012 as a non-compliance. The home's submitted plan in view of this non-compliance was the following: "Fire doors at the end of the LTC and AC hallway will be modified to remain locked except when a passcode and/or the fire alarm is activated. Door leading out to the lounge will be secured using a key pad security system" (151)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 31, 2012



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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 21st day of June, 2012

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

Monique H. Berger

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

MONIQUE BERGER

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

Sudbury Service Area Office

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
Jun 14, 15, 20, 21, 2012	2012_138151_0016	Follow up

Licensee/Titulaire de permis

MANITOUWADGE GENERAL HOSPITAL
1 HEALTH CARE CRESCENT, MANITOUWADGE, ON, P0T-2C0

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

MANITOUWADGE GENERAL HOSPITAL
1 HEALTH CARE CRESCENT, MANITOUWADGE, ON, P0T-2C0

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

MONIQUE BERGER (151)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Director of Care, Registered Staff, Rehabilitative Aide/Activation Co-ordinator, Personal Support Workers (PSW), Dietary Aide, Residents and Visitors.

During the course of the inspection, the inspector(s)

- toured the home,
- observed care and service delivery,
- observed dining service
- observed activation programming in progress
- reviewed resident health care records
- reviewed home's activation/recreation monthly calendars
- reviewed related policies and procedures

This Follow-up Inspection relates to Log.S-000040-12

The following Inspection Protocols were used during this inspection:

Dining Observation

Recreation and Social Activities

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following subsections:

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

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

- i. kept closed and locked,**
- ii. equipped with a door access control system that is kept on at all times, and**
- iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**
 - A. is connected to the resident-staff communication and response system, or**
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

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

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

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

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

Findings/Faits saillants :

1. Inspector 151 did an initial tour of the home on June 14, 2012 at 0745h. The door at the end of the corridor that leads to an outdoor space was found to be unlocked and not alarmed. Inspector noted that there was no outdoor resident protected space outside of this door and that anyone going through this door had direct access to a lake and wooded area approximately 500 feet away. In addition, the door in the dining room leading to the outdoors was found to be unlocked and not alarmed. Inspector noted that there was no outdoor resident protected space outside of this door and that anyone going through this door had direct access to a lake and wooded area approximately 500 feet away. Inspector was able to open the doors easily with no alarm sounding or staff investigating the open doors. Inspector did identify the issue to staff who stated that both doors were on by-pass status. Staff keyed the doors to be locked and alarmed.

Subsequent to staff action, Inspector did retry both doors and found that both remained unlocked and not alarmed.

At 1330 h June 13, 2012, and in the presence of staff, Inspector tried both doors again: both doors were found to be unlocked and not alarmed. By-pass panel indicated that doors were locked and alarmed.

This issue was identified previously in the RQI report of August 2012 as a non-compliance. The home's submitted plan in view of this non-compliance was the following: "Fire doors at the end of the LTC and AC hallway will be modified to remain locked except when a pass-code and/or the fire alarm is activated. Door leading out to the lounge will be secured using a key pad security system"

The licensee did not ensure that all doors leading to stairways and the outside are kept closed and locked and that these doors are equipped with an audible door alarm.[O.Reg.79/10, s.9.(1)1.iii]

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 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. At the time of this inspection, no protected outdoor space exists. Doors leading to the outside from the end of the hallway and from the dining/lounge room have access to unprotected outdoor spaces; specifically a lake and wooded area approximately 500 feet away.

The home has not ensured that residents have access to a protected outdoor area in order to enjoy outdoor activities. [LTCA, 2007 S.O. 2007, c. 8, s. 3. (1) 26.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c. 8, s. 152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures that residents have access to a protected outdoor area in order to enjoy outdoor activities, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c. 8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met;

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. Inspector reviewed the recreational plan of care for a resident. The care plan is generic in nature; it identifies that the resident's cognitive and mobility status and that the resident requires the assistance of staff or family to bring her to activities. There is nothing further in the plan in view of recreation. The plan of care does not reflect the activation programs the resident now attends and their subsequent goals and objectives of each of these. Interview with staff confirms that the staff was not involved in the quarterly RAI/MDS assessment in regards to the activation/recreation component of the quarterly assessments for this resident.

The resident was not reassessed and the plan of care was not reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

[LTCA, 2007 S.O. 2007, c. 8, s. 6. (10) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures the resident's recreational/activation needs and preferences are reassessed and the plan of care is reviewed and revised at least every six months and at any other time when the resident's needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Findings/Faits saillants :

1. Inspector observed the breakfast and lunch meal service for June 14, 2012. Inspector noted each resident received their entire meal on a tray. Trays are deposited on a table in the lounge. For breakfast, it was noted that 3 trays were served on the lounge table where no resident was present to receive them. Inspector noted one resident who requires total staff assistance for meals. The breakfast tray for this resident was served at 0830 h in the lounge. It was not until 0841 h. that staff brought the resident to the lounge and began to feed the resident.

The meals are not served course by course; residents receive all courses at the same time, on the same tray. Inspector noted that the alternate choices for meals were not communicated on the large white daily menu board. Resident interviews confirm that residents are not polled as to their choice of entree prior to meals. In regards to congregate dining, Inspector noted that for the breakfast meal only 6 of the 9 residents ate in the dining room and for lunch, only 4 residents ate in the dining room, (2 were out on leave) and 3 ate in their rooms.

Review of the RQI Report for August 2012 identifies that these same dining service deficiencies were identified at that time.

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 development of a food service program that meets the needs of the residents and meets the requirements of o.Reg.79/10,s.73, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition.**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

Findings/Faits saillants :

1. Inspector interviewed two (2) staff who both confirmed that the policies and procedures related to the recreation program were not as yet completed and that this remains a work in progress.

The licensee of the home has not ensured that for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its:

- * goals and objectives
- * relevant policies, procedures, protocols
- * methods to reduce risk
- * methods to monitor outcomes, and
- * protocols for referral of resident to specialized resources where required.

[O.Reg.79/10, s. 30. (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 that there are written descriptions for the recreation program that include the requirements listed in of O.Reg.79/10, s.30 (1)1, to be implemented voluntarily.

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

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDRES			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 r. 65.	CO #001	2011_050151_0004	151

Issued on this 21st day of June, 2012

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

Monique G. Berger (151)