



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

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

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

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

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

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 14, 15, 22, 23, Mar 2, 7, Apr 11, 12, May 31, Jun 4, 8, 2012	2012_061129_0001	Complaint

Licensee/Titulaire de permis

BARTON RETIREMENT INC.
1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3

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

THE WELLINGTON NURSING HOME
1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3

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

PHYLLIS HILTZ-BONTJE (129)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Residents, resident's family members, personal support workers (PSW's), registered nursing staff, Director of Care, Assistant Director of Care and the Administrator.

During the course of the inspection, the inspector(s) monitored care, observed residents, reviewed clinical record documents, reviewed home policies and reviewed home equipment.

This inspection pertains to the following log numbers: H-002587-11, H-002293-11, H-000217-12 and H-002385-11.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Prevention of Abuse, Neglect and Retaliation

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 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.



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22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.

24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.

25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.

26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.

27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee did not ensure that every resident's right to be afforded privacy in treatment and in caring for his or her personal needs was fully respected and promoted in relation to the following: [3(1)(8)]

In February 2012 this Inspector and the Director of Care were present in a resident's room, when a staff person entered the room to assist a resident to the bath. The staff person did not close the privacy curtains around the resident's bed and the resident was not fully clothed. The staff person proceeded to assist the resident into a chair resulting in the resident being visible to both the Inspector and the Director of Care.

2. The licensee did not ensure that every resident's right to be protected from abuse was fully respected and promoted in relation to the following: [3(1)(2)]

The licensee did not protect two identified residents from abuse by an identified co-resident.

a) Staff reported and it is documented in an identified resident's clinical record that in 2012 this resident was observed demonstrating inappropriate behaviour towards a co-resident while the resident was yelling to stop.

b) Staff reported and it is documented in an identified resident's, clinical record that in 2012 this resident was observed to be in a co-resident's room demonstrating inappropriate behaviour despite the co-resident resisting this behaviour.

c) Interventions to manage this behaviour being demonstrated by the resident were not included in the resident's plan of care.

3. The licensee did not ensure that every resident's 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 was fully respected and promoted in relation to the following: [3(1)(1)]

a) Three of four residents who requested not to be identified were interviewed and reported that they felt they were not treated with dignity and respect in relation to the following:

- Resident #1 reported that he does not feel he is being treated with dignity and respect because the following situations are occurring:

a) Staff do not always cover him up both while they are providing care and after care has been provided.

b) When he asks to have his soiled incontinent brief changed staff tell him that he is causing them more work. As a result the resident indicated he feels it is important for him to know which staff are working that day so he will know how and when he should ask for care and if things will be alright.

c) The resident also confided that he is made to feel it is something he is doing that is causing the staff to treat him this way.

d) Staff wait a long time to respond to him when he activates the call system to request assistance to change his soiled incontinent brief and he recalls on one occasion he waited for over an hour before staff came. The resident also indicated that when staff do come to provide care they tell him he is ringing the call bell too much.

- Resident #2 reported that she does not feel she is treated with respect because the following situations are happening:

a) When she calls staff to provide her with assistance they do not respond to her for lengthy periods of time. She also indicated that she feels staff do not ensure the call bell is within reach for her to use so she will not call them. It was noted on February 22, 2012 that the nurse call system was not accessible to this resident who was sitting beside her bed in a wheelchair.

b) Staff rush her through her meals because other people have to come into the dining room for the second sitting.

c) She often has to sit in a wet brief all morning and the same thing happens when she has a bowel movement. The resident indicated that she feels this is not a very nice thing to have to do.

- Resident #3 reported that she does not feel she is treated with dignity and respect because the following situations are happening:

a) She feels uncomfortable about asking the staff questions because they are so sarcastic and rude when they respond to her.

b) Staff in the home did not ensure that resident's dignity was respected when they did not ensure that residents remain free of offensive odours in relation to the following:

- On March 2, 2012 at 1243hrs a large group of residents were noted to be sitting in the hall on 2nd floor home area waiting to be transported to the lower level for second sitting at lunch. An offensive odour was noted in the entire section of the hallway where residents were sitting. The Director of Care was asked to accompany this inspector to the 2nd floor. Upon exiting the elevator on the 2nd floor approximately seven minutes later there was no offensive odour, the smell of room freshener was detected and the residents sitting in the hall had all been moved to the lower level for lunch.

- On March 7, 2012 at 1245hrs a large number of residents were noted to be sitting in the hall on the 1st floor home

area waiting to be transported to the lower level for second sitting at lunch. An offensive odour was noted in the entire section of the hallway where residents were sitting. The Director of Care was present at this time and confirmed that the origin of the odour was most likely the result of staff not having time to care for residents between the two meal settings. The residents sitting in the hall were then transported to the lower level for lunch without care being provided to reduce or eliminate the odour.

Additional Required Actions:

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

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 and ensure that every resident's right to be afforded privacy in treatment and in caring for his or her personal needs is fully respected and promoted, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care
Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,

- (a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
 - (i) within 24 hours of the resident's admission,
 - (ii) upon any return of the resident from hospital, and
 - (iii) upon any return of the resident from an absence of greater than 24 hours;
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
- (c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
- (d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee did not ensure that a resident exhibiting altered skin integrity, including skin breakdown is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, in relation to the following:[50(2)(b)(iv)] Staff and clinical record documentation indicated that an identified resident had an area of altered skin integrity in 2011, the following assessment indicated that the area had gotten worse. The resident's skin was not assessed for a three week period of time in 2011.
2. The licensee did not ensure that any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending on the resident's condition and tolerance of tissue load. [50(2)(d)] Two of three residents who were unable to reposition themselves were not repositioned for a period of time in excess of two hours, specifically:
- An identified resident was not repositioned from a back lying position between 0930hrs and 1215hrs. on February 15, 2012 and again on February 23, 2012 she was not repositioned from a back lying position between 0930hrs. and 1200hrs. The Medication Administration Record(MAR) for March 2012 indicates that the resident has an area of altered skin integrity that is currently being treated and the plan of care indicates the resident is dependent on staff for repositioning. A Personal Support Worker(PSW) providing care to the resident confirmed that the resident was not repositioned from a back lying position during the above noted time on February 23, 2012.
 - A second identified resident was not repositioned from a back lying position between 0930hrs and 1230hrs on February 23, 2012. The MAR for March 2012 indicates the resident has an area of altered skin integrity that is currently being treated. The plan of care indicates the resident is dependent on staff for repositioning. A PSW providing care to the resident confirmed that the resident had not been repositioned during the above noted period of time.

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

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
- (a) the planned care for the resident;
 - (b) the goals the care is intended to achieve; and
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

- 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).

- s. 6. (9) The licensee shall ensure that the following are documented:
- 1. The provision of the care set out in the plan of care.
 - 2. The outcomes of the care set out in the plan of care.
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee did not ensure that the provision of care set out in the plan of care was documented with respect to the following: [6(9)1]

Records of care provided were reviewed for 46 residents on the 1st floor home area for the period of February 1 to 22, 2012. These records indicated that 12 of the 46 residents were not provided with two baths per week. Four of four residents interviewed confirmed that they were receiving two baths a week.

2. The licensee did not ensure that the care set out in the plan of care was provided in relation to the following:[6(7)]

a)The plan of care set out for an identified resident related to the risk of falls included that the bed be in the lowest position, the alarm was to be pinned to the resident at all times, staff were to answer the alarm promptly and ensure bumper pads and crash mats are in place when the resident is in bed. The resident experienced a fall from bed in 2011 and documentation submitted to the Ministry on the Critical Incident form and documentation in the resident's clinical record indicate that when the resident was found the safety interventions identified in the plan of care were not in place for this resident, specifically that the resident's bed was not in the lowest position, crash mats were not on the floor beside the bed and the alarm was not pinned to the resident. The Assistant Director of Care confirmed that the care identified in the plan of care was not in place at the time of this residents fall.

b)The plan of care set out for an identified resident directed staff to reposition the resident every two hours while awake. On February 23, 2012 the resident was not repositioned from a semi fowlers back lying position between 0930hrs and 1230hrs. A PSW providing care to the resident confirmed that this care was not provided to the resident.

c)The plan of care set out for an identified resident directs staff to reposition the resident every hour when awake. On February 15, 2012 the resident was not repositioned from a back lying position between 0930hrs and 1215hrs. and again on February 23, 2012 the resident was not repositioned from a back lying position between 0930hrs. and 1200hrs. A PSW providing care to the resident confirmed the resident was not moved from a back lying position on February 23, 2012.

3. The licensee did not ensure that the written plan of care sets out clear directions to staff and others who provide direct care to the resident with respect to the following: [6(1)(c)]

- An identified resident's plan of care provides conflicting and incomplete information when the document that directs staff in the care that is to be provided identifies the resident as a moderate risk for skin breakdown but directs staff to implement interventions for low risk as posted in the flow sheet binders. A review of the flow sheet binders indicates that interventions for residents at low risk are not posted. The Nursing Supervisor confirmed that the interventions are not in the flow sheet binders. A PSW providing care to the resident confirmed that she is not aware of the interventions for low risk.

- A second identified resident's plan of care provides conflicting and incomplete information when the document that directs staff in the care that is to be provided directs staff to turn and position the resident every two hours when up and also directs staff to reposition the resident every hour when up. The plan of care also identifies the resident as a very high risk for skin breakdown and directs staff to implement interventions for high risk as posted in the flow sheet binders. A review of the flow sheet binders indicates that the interventions for residents at high risk are not posted. A PSW providing care to the resident indicated she would not know which turning and positioning schedule to follow and confirmed that she does not know the interventions for residents at high risk for skin breakdown.

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 and ensuring that the provision of care as set out in the plan of care is documented and that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that staff complied with home policies included in the program of Nursing Services in accordance with LTCHA, 2007, S.O., 2007, c. 8, s 8(1)(a) in relation to the following: [8(1)(b)]

Policy #NUR-VI-48 [Incident Reporting – Residents] directs staff that an incident report is to be completed following any incident occurring within or on the property of the Nursing Home involving a resident, staff member, volunteer and visitor. The policy goes on to define an incident as any potential hazardous situations that may or may not result in an injury, for example; a resident found on the floor, hitting, biting or pushing between residents and inappropriate behaviour (sexual advances to another resident). Staff in the home did not complete incident reports for 10 episodes of inappropriate behaviour and 5 episodes of hitting that were documented in a resident's clinical record for the period of a month in 2012. This was confirmed by the Director of Care.

Policy #OHS-XVI-34/NUR-III-108 [Minimal/Zero Lift] directs staff that a designated shift is responsible for assessing the inventory of lift slings on the unit, that staff are responsible for ensuring that the mechanical lift equipment is in proper working condition and that the equipment is to be checked daily and checklist log maintained. A review of the checklist for lifts and lift equipment located on each home area indicated that there was not documentation verifying that staff had checked this equipment daily to ensure staff were using safe lifting equipment.

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 and ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure it is complied with,, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system
Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :



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1. The licensee did not ensure that the resident-staff communication and response system can be easily seen, accessed and used by resident, staff and visitors at all times, in relation to the following: [17)1)(a)]
-An identified resident indicated that she did not have a nurse call bell and that if she needed help she would just have to yell. The resident's call bell was noted to be pinned to the wall behind the bed and this resident was not able to access the call system.
-A second identified resident indicated that she is often unable to use the call bell because most of the time she is unable to reach the cord. It was noted on February 22, 2012 that the resident was sitting in a wheelchair positioned at the side of the bed, the call bell was pinned to the bed behind her and she was unable to see or access the nurse call system.

Issued on this 13th day of July, 2012

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

P. A. Bratze



**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) :	PHYLLIS HILTZ-BONTJE (129)
Inspection No. / No de l'inspection :	2012_061129_0001
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Feb 14, 15, 22, 23, Mar 2, 7, Apr 11, 12, May 31, Jun 4, 8, 2012
Licensee / Titulaire de permis :	BARTON RETIREMENT INC. 1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3
LTC Home / Foyer de SLD :	THE WELLINGTON NURSING HOME 1430 UPPER WELLINGTON STREET, HAMILTON, ON, L9A-5H3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	LISA BRETNALL

To BARTON RETIREMENT INC., 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) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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,



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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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that two identified residents, are protected from abuse by a co-resident. The plan shall be submitted by June 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th Floor, Hamilton, Ontario, L8P 4Y7.

Grounds / Motifs :

1. Previously issued as a VPC on August 20, 2010.

2. The licensee did not protect two identified residents from inappropriate behaviour being demonstrated by a co-resident, in relation to the following:

- staff reported and it is documented in an identified resident's clinical record that in 2012 this resident was demonstrating inappropriate behaviour towards a co-resident while the co-resident was yelling stop.

- staff reported and it is documented in the identified resident's clinical record that in 2012 this resident was observed to be in a co-resident's room, demonstrating inappropriate behaviour despite the co-resident resisting this behaviour. (129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2012

Order # /

Ordre no : 002

Order Type /

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

Pursuant to / Aux termes de :



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O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that two identified residents, who are dependent on staff for repositioning, are repositioned every two hours or more frequently depending on their individual care needs. The plan is to be submitted by June 15, 2012 to Phyllis Hiltz-Bontje at Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W., 11th Floor, Hamilton, Ontario L8P 4Y7.

Grounds / Motifs :

1. Two of three residents who were unable to reposition themselves were not repositioned for a period of time in excess of two hours, specifically:
 - a) an identified resident was not repositioned from a back lying position between 0930hrs and 1215hrs. on February 15, 2012 and again on February 23, 2012 she was not repositioned from a back lying position between 0930hrs. and 1200hrs. The Medication Administration Record(MAR) for March 2012 indicates that the resident has an area of altered skin integrity and the plan of care indicates the resident is dependent on staff for repositioning. A Personal Support Worker providing care to the resident confirmed that the resident was not repositioned from a back lying position during the above noted time on February 23, 2012.
 - b) A second identified resident was not repositioned from a back lying position between 0930hrs and 1230hrs on February 23, 2012. The MAR for March 2012 indicates the resident has an area of altered skin integrity that is being treated. The plan of care indicates the resident is dependent on staff for repositioning. A PSW providing care to the resident confirmed that the resident had not been repositioned during this period of time. (129)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2012



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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 8th day of June, 2012

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

Name of Inspector /

Nom de l'inspecteur : PHYLLIS HILTZ-BONTJE

Service Area Office /

Bureau régional de services : Hamilton Service Area Office