

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

Health System Accountability and  
Performance Division  
Performance Improvement and Compliance Branch  
Ottawa Service Area Office

347 Preston St., 4<sup>th</sup> Floor  
Ottawa ON K1S 3J4  
Telephone: 613-569-5602  
Facsimile: 613-569-9670

**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  
Bureau régional de services de Ottawa

347, rue Preston, 4<sup>ième</sup> étage  
Ottawa ON K1S 3J4  
Téléphone: 613-569-5602  
Télécopieur: 613-569-9670



June 15, 2011

Ms. Joy Husak  
Administrator  
Fairhaven  
881 Dutton Road  
Peterborough ON K9H 7S4

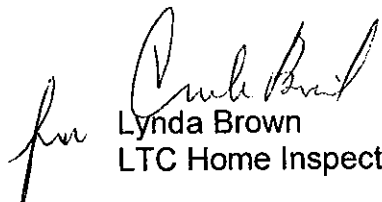
Dear Ms. Husak:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on May 10 to 13, May 16 to 20 and June 3, 2011 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely

  
Lynda Brown  
LTC Home Inspector -- Nurse

c President, Resident's Council  
President, Family Council

**Dining Observation**  
**Falls Prevention**  
**Family Council**  
**Food Quality**  
**Hospitalization and Death**  
**Infection Prevention and Control**  
**Medication**  
**Minimizing of Restraining**  
**Nutrition and Hydration**  
**Pain**  
**Personal Support Services**  
**Quality Improvement**  
**Recreation and Social Activities**  
**Resident Charges**  
**Residents' Council**  
**Responsive Behaviours**  
**Safe and Secure Home**  
**Skin and Wound Care**  
**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

**Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.**

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

**Definitions**

WN – Written Notification  
 VPC – Voluntary Plan of Correction  
 DR – Director Referral  
 CO – Compliance Order  
 WAO – Work and Activity Order

**Définitions**

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 O.Reg 79/10, s. 90. Maintenance services**

**Specifically failed to comply with the following subsections:**

- 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 sayants :**

1. On May 18, 2011 @13:00hrs the inspector observed in Riverside 2 dining room ,a water tap by the hand sink marked "Caution Hot Water".This hot water tap is accessible to all residents in this home area.The temperature of the water from the tap was taken and read 70 degrees celsius.  
-On May 20, 2011 the water tap by the sink marked "caution hot water" was checked again and read 32 degrees celcius.

**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 by reviewing that all hot water accessible to residents is monitored and does not exceed 49 degrees celsius, to be implemented voluntarily.**

**CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".**

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

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**Findings/Faits sayants :**

1. Under 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.
  - The licensee has a policy number 4-2 titled "Ordering Medications using the Physician's Order Sheet" specifying Physician Order sheet is to be used for all orders.
  - A resident returned from hospital with a prescription sheet and was not transcribed onto the Physician Order Sheet.
2. The home has a multi-dose strip pack system.
  - The homes policy under Medical Pharmacies "Change of Direction" (# 12-10), dated Feb 2005 specifies that pharmacy is to be notified of change in time so that medication will be in the correct pack next week. This policy specifies that a change of direction sticker is to be applied to the strip pack on each bag which contains the change of direction.
  - An identified resident with a change in physician's order did not have correction made to the medication strip pack with change of direction sticker.
3. Under LTCHA, S.O.2007, c.8, s.31(3) If a resident is being restrained by a physical device under subsection (1), the licensee shall ensure that ,
  - (d) the residents condition is reassessed and the effectiveness of the restraining evaluated, in accordance with the requirements provided for in the regulations.
  - The homes policy "Restraint Minimization" (N-V-4) reviewed October 26, 2011 indicates under procedures, that a PASD (Personal Assistive Safety Device)/Restraint assessment is to be completed quarterly.
  - Five identified residents did not have their PASD/Restraint assessments completed on a quarterly basis and two identified residents who were assessed for a PASD but were determined to be a restraint.

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**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).**

**s. 6. (11) When a resident is reassessed and the plan of care reviewed and revised,**  
**(a) subsections (4) and (5) apply, with necessary modifications, with respect to the reassessment and revision; and**  
**(b) if the plan of care is being revised because care set out in the plan has not been effective, the licensee shall ensure that different approaches are considered in the revision of the plan of care. 2007, c. 8, s. 6 (11).**

**s. 6. (12) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an explanation of the plan of care. 2007, c. 8, s. 6 (12).**

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**Findings/Faits sayants :**

1. On May 18, 2011 @ 10:45 hrs a resident was interviewed and indicated that they did not received their bathing according to the plan of care.(134)
- An identified resident receiving treatment had no evidence documented in the plan of care to identify this treatment.
  - On May 16, 2011 @ 14:35hrs an identified resident with a change in condition had no evidence documented in the plan of care related to participation with assistance with recreation and social activities.
  - May 16, 2011 @ 14:34 hrs an identified resident with a change in condition had no evidence documented to identified that the resident had been assessed related to the change in condition.

**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 by reviewing all plans of care to ensure that the care set out in the plan is based on an assessment and needs of the residents, to be implemented voluntarily.**

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**WN #4: 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).**

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**Findings/Faits sayants :**

1. On May 12, 2011 @ 11:15 hrs an Inspector observed a shower room (#3229) on 3rd floor with a dirty toilet and soiled commode chair.
- On May 12, 2011 @ 14:30 hrs the same toilet and commode chair remained soiled.
  - On May 13, 2011 @ 9:30 hrs same toilet and commode chair remained soiled. -Interview of Housekeeping manager on May 18, 2011 indicated that all shower rooms are not on the cleaning schedule.

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**WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices**  
**Specifically failed to comply with the following subsections:**

- s. 31. (2) The restraining of a resident by a physical device may be included in a resident's plan of care only if all of the following are satisfied:**
- 1. There is a significant risk that the resident or another person would suffer serious bodily harm if the resident were not restrained.**
  - 2. Alternatives to restraining the resident have been considered, and tried where appropriate, but would not be, or have not been, effective to address the risk referred to in paragraph 1.**
  - 3. The method of restraining is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable methods that would be effective to address the risk referred to in paragraph 1.**
  - 4. A physician, registered nurse in the extended class or other person provided for in the regulations has ordered or approved the restraining.**
  - 5. The restraining of the resident has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent.**
  - 6. The plan of care provides for everything required under subsection (3). 2007, c. 8, s. 31 (2).**

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**Findings/Faits sayants :**

1. On May 18, 2011 @ 11:30 hrs an identified, cognitively impaired resident was observed by inspector # 194 sitting in a tilt wheelchair in a tilted position with a front closing seat belt in place, with a 4 inch gap noted between abdomen and belt.
  - The plan of care indicates that the seat belt was assessed as a PASD for positioning.
  - Interview of an RPN on May 18, 2011 @ 11:30hrs indicated that the resident was incapable of removing the seat belt.
  - On May 19, 2011 14:30 hrs physician's orders reviewed and no order found for this restraint.
2. On May 10, 2011 @ 12:40 hrs inspector # 194 noted a cognitively impaired resident on the second floor sitting in a TV room with a front closure seat belt very loose. The resident is contracted and has limited movement. The left heel was also secured to the wheelchair footrest. Staff also observed this and repositioned the seat belt.
  - Review of the plan of care indicated the resident was assessed as having a PASD front closing seat belt, and strap to ankle.
  - Interview of RPN indicated they thought the restraint was a PASD for positioning and not a restraint. The RPN also indicated the resident was incapable of removing the seat belt of the leg strap.
  - Review of the health record indicated on May 19, 2011 14:30 no physician's orders for either restraint.

**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 by reviewing all residents with restraining devices in place to ensure there has been a physicians order, to be implemented voluntarily.***

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**WN #6: 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 sayants :**

1. On February 16, 2011, concerns were raised at the Family Council and were not responded to in writing within 10 days
- On April 20th, 2011, concerns were raised at the Family Council and were not responded to in writing within 10 days.

**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 by reviewing all concerns identified by the Family Council and respond in writing within 10 days, to be implemented voluntarily.***

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**WN #7: 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)

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**Findings/Faits sayants :**

1. On May 17, 2011 @ 11:46 hrs Interview with Admissions and Resident Charges Liaisons indicated the admission package did not have any disclosure of any non-arm's length relationships (including costs) that exist between the licensee and the other providers (i.e. hairdressing, podiatrist, etc.).  
-Review of the admission package did not indicate the amount of the extra charges related to other service providers (i.e. hairdressing, podiatrist, etc.).

**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 by reviewing all admission agreements to ensure they include a disclosure of any non-arm's length relationships (including costs) that exist between the licensee and the service provider, to be implemented voluntarily.*

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**WN #8:** The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

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**Findings/Faits sayants :**

1. On May 10, 2011 @ 10:30 hrs a housekeeping cart was left unattended and unlocked on the 3rd floor and hazardous chemicals were noted in the cart. A housekeeping Staff member was interviewed and was not aware the cart was to be locked and did not have a key to lock the cart.
- On May 16, 2011 @ 13:30 hrs the housekeeping manager, was interviewed and indicated that all carts were to be locked at all times, when not in sight.
- On May 17, 2011 @ 12:00 hrs on the 3rd floor, by the elevator, a housekeeping cart was noted by inspector # 194, with no staff in attendance, the cart was unlocked, with a key left in the housekeeping cart door, and hazardous chemicals were accessible.

**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 by reviewing all housekeeping carts to ensure hazardous substances are kept inaccessible to residents at all times , to be implemented voluntarily.*

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**WN #9** § The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. Staff apply the physical device in accordance with any manufacturer's instructions.
2. The physical device is well maintained.
3. The physical device is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 110 (1).

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class.
2. That staff apply the physical device in accordance with any instructions specified by the physician or registered nurse in the extended class.
3. That the resident is monitored while restrained at least every hour by a member of the registered nursing staff or by another member of staff as authorized by a member of the registered nursing staff for that purpose.
4. That the resident is released from the physical device and repositioned at least once every two hours. (This requirement does not apply when bed rails are being used if the resident is able to reposition himself or herself.)
5. That the resident is released and repositioned any other time when necessary based on the resident's condition or circumstances.
6. That the resident's condition is reassessed and the effectiveness of the restraining evaluated only by a physician, a registered nurse in the extended class attending the resident or a member of the registered nursing staff, at least every eight hours, and at any other time when necessary based on the resident's condition or circumstances. O. Reg. 79/10, s. 110 (2).

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**Findings/Faits sayants :**

1. On May 18, 2011 @ 11:30 a resident was observed sitting in the TV room outside of the Dining room on 2nd floor. Resident was sitting in a tilt wheelchair in a tilt position. Resident was wearing a front closing seat belt. There was a 4 inch gap between abdomen and belt.

-On May 19, 2011 Inspector # 166 noted that a resident was sitting in the TV room in their wheelchair with seat belt in place and was applied very tight across the abdomen. Staff also noted the residents restraint was applied too tightly and re-adjusted the restraint.

-On May 18, 2011 @ 11:30 a resident was observed sitting in the TV room outside of the Dining room on 2nd floor. The resident was sitting in a tilt wheelchair in a tilt position with a front closing seat belt in place. There was a 4 inch gap noted between abdomen and belt. An RPN also observed this and the seat belt was re-adjusted.

**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 by reviewing application of all physical restraints to ensure they are applied in accordance with any manufacturers instructions, to be implemented voluntarily.***

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**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.

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**Findings/Faits sayants :**

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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  
prévues le Loi de 2007 les  
foyers de soins de longue

1. May 17, 2011 - 19:58 - The licensee has a policy (3N-I-G3g) "Medical Directives" for Symptom Relief. This Medical Directive includes: Tylenol 500mg, Gravol 50mg, and Maalox 30 ml on a as needed basis. These are not individualized to the residents' condition and needs and are completed for all residents.

**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 by reviewing all medical directives to ensure they are individualized to reflect the residents condition and needs, to be implemented voluntarily.*

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**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. (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 pneumococcus, 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).

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**Findings/Faits sayants :**

1. Three identified residents have not been offered Tetanus and Diphtheria since July 1, 2010.

**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 by reviewing all residents to ensure they are all screened and offered Tetanus and Diphtheria., to be implemented voluntarily.*

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

**CORRECTED NON-COMPLIANCE/ORDER(S)  
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:**

| REQUIREMENT/<br>EXIGENCE | TYPE OF ACTION/ORDER #/<br>GENRE DE MESURE/ORDRE NO | INSPECTION # /<br>NO DE L'INSPECTION | INSPECTOR ID #/<br>NO DE L'INSPECTEUR |
|--------------------------|---|--------------------------------------|---------------------------------------|
| O.Reg 79/10, s. 90.      | WN #1<br>VPC<br>CO #901                             | 2011_021111_0004                     | 111                                   |

Issued on this 7th day of June, 2011

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

*Synda Brown (#111)*

*Colette Asselin (#134)*

*[Signature] (#166)*

*Chapremerie (#194)*



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

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

**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

**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) :** LYNDA BROWN (111), CAROLINE TOMPKINS (166), CHANTAL LAFRENIERE (194), COLETTE ASSELIN (134)

**Inspection No. /  
No de l'inspection :** 2011\_021111\_0004

**Type of Inspection /  
Genre d'inspection:** Annual (Log # 0 - 000920)

**Date of Inspection /  
Date de l'inspection :** 11, 12, 13.  
May 10, 16, 17, 18, 19, 20, Jun 3, 2011

**Licensee /  
Titulaire de permis :** CITY AND COUNTY OF PETERBOROUGH  
881 Dutton Road, PETERBOROUGH, ON, K9H-7S4

**LTC Home /  
Foyer de SLD :** FAIRHAVEN  
881 Dutton Road, PETERBOROUGH, ON, K9H-7S4

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :** JOY L. HUSAK

To CITY AND COUNTY OF PETERBOROUGH, you are hereby required to comply with the following order(s) by the date(s) set out below:

|                                 |     |   |                                    |
|---------------------------------|-----|---|------------------------------------|
| <b>Order # /<br/>Ordre no :</b> | 901 | <b>Order Type /<br/>Genre d'ordre :</b> | Compliance Orders, s. 153. (1) (a) |
|---------------------------------|-----|---|------------------------------------|

**Pursuant to / Aux termes de :**



**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*

**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*

O.Reg 79/10, 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).

**Order / Ordre :**

The licensee shall ensure that the hot water temperatures at all hot water hand basins used or accessed by residents does not exceed 49 degrees celsius.

**Grounds / Motifs :**

1. May 18/11 @1300hrs- It was observed in Riverside 2 dining room ,a water tap by the hand sink marked "Caution Hot Water".This hot water tap is accessible to all residents in this home area.The temperature of the water from the tap was taken and read 70 degrees celsius.

(166)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : May 27, 2011



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

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

**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

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

**REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

**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 Clerk  
 Performance Improvement and Compliance Branch  
 Ministry of Health and Long-Term Care  
 55 St. Clair Ave. West  
 Suite 800, 8th floor  
 Toronto, ON M4V 2Y2  
 Fax: 416-327-760

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

c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 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](http://www.hsarb.on.ca).

**Issued on this 20th day of May, 2011**

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

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

LYNDA BROWN

**Service Area Office /**

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