

TO:	CHAIR AND MEMBERS DEARNESS HOME COMMITTEE OF MANAGEMENT MEETING ON NOVEMBER 17, 2020
FROM:	LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME
SUBJECT:	ADMINISTRATOR'S REPORT TO THE COMMITTEE OF MANAGEMENT FOR THE PERIOD AUGUST 16, 2020 TO OCTOBER 15, 2020.

RECOMMENDATION

That, on the recommendation of the Administrator, Dearness Home and with the concurrence of the Acting Managing Director, Housing, Social Services and Dearness Home, this report related to the Dearness Home **BE RECEIVED** for information.

PREVIOUS REPORTS PERTINENT TO THIS MATTER
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- February 1, 2020, Administrator's Report, October 16, 2019 to January 15, 2020
- June 15, 2020, Administrator's Report January 16, 2020 to May 15, 2020
- September 23, 2020, Administrator's Report May 16, 2020 to August 15, 2020

BACKGROUND

Service Provision Statistics:

Occupancy Average January 1, 2020 to September 30, 2020	Number of Individuals on Waiting List as of September 22, 2020
97.11%	Basic – 358 Private - 101

Compliance Report/Update:

Critical Incidents – The Ministry of Health and Long Term Care (MOHLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOHLTC during the reporting period:

Mandatory and Critical Incident Reporting

Incident Type and Number (n) of Incidents	Issues	Status
<p>An injury that results in a resident transfer to hospital:</p> <ul style="list-style-type: none"> • Fall with Injury (1) 	<p>Fracture includes one left wrist fracture.</p>	<p><u>Fall Statistics:</u></p> <ul style="list-style-type: none"> • 11.9% of residents fell August 16 to October 15, 2020. • 18.1% of residents fell in September. • 7.8% of residents fell in October. • 14.8% of residents fell in August. • 38.3% of residents that fell were found on the floor (Unwitnessed). • 68.5% had no injury. • 31.5% had temporary injury. • 0.4% were transferred

		to hospital.
Missing Resident <ul style="list-style-type: none"> • Missing less than 3 hours. (1) 	Resident returned to the home unharmed. Resident failed to notify staff of their outing.	All required documentation was completed. Code Yellow policy was followed.

Infection Control:

The Home has begun preparing for flu season. The majority of resident consent forms have been completed and we anticipate approximately 95% of our residents will receive the vaccine. We will be pushing our flu vaccine campaign over the next couple of months with a goal of 80% vaccination rate amongst our staff. Unfortunately, there continues to be a significant amount of misinformation amongst the staff with regard to the flu vaccine so our campaign will focus on providing facts and education. Vaccination clinics will be scheduled for the first week of November.

The Home continues to have minimal outbreak days compared to previous years. There were no outbreaks during the reporting period.

The Home continues to have low infection rates related to urinary tract infections, wounds, MRSA and VRE.

The Home’s hand hygiene compliance rate remains above 95%.

COVID-19 Update:

During the reporting period the government issued revised policy on access to long term care homes for visitors, and direction regarding absences for residents. Currently, along with the majority of other long term care homes in the area, Dearness Home has in place temporary restrictions in excess of provincial requirements that are based on the increased level of infection in the city and guidance from the local public health unit. These extra, temporary measures were implemented with the support of both our resident and family councils.

Daily contact with Public Health and strict observance of Public Health infection control measures continues. The Home continues to maintain a single entrance/exit to the Home and active screening is conducted for all staff and essential visitors, including temperature checks upon arrival and when leaving the Home. All staff are issued a surgical mask for each shift.

All nursing staff have been trained in Personal Protective Equipment (PPE), Point of Care Risk Assessments (PCRA) and Hand Hygiene. Training continues on an ongoing basis and is supported by Infection Control Committee members.

Covid-19 staff testing was completed for the months of August, September and October and all staff have tested negative. Both staff and residents at the Home continue to be tested for Covid-19 related symptoms and all have tested negative.

Covid-19 information sessions continues for staff. Information is also posted on the Covid-19 information board.

Ministry Inspections/Visits:

The Ministry of Health and Long Term Care visited the Home on September 10, 11, 14 and 15, 2020, to conduct a Complaint Inspection. There was one written notification (WN) and one voluntary plan of correction (VPC) related to dining and snack service of which the Home has developed and implemented a corrective plan of action. A copy of the report can be found attached as Appendix A.

The Ministry of Health and Long Term Care visited the Home on September 14 and 15, 2020, to conduct a Complaint Inspection. There were no issues. A copy of the report can be found attached as Appendix B.

The Ministry of Health and Long Term Care visited the Home on September 10, 11, 14 and 15, 2020, to conduct a Critical Incident System Inspection. There were no issues. A copy of the report can be found attached as Appendix C.

Public reports are posted by the MOHLTC at the following link: <http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=m514&tab=1>

Fire Inspections completed by the London Fire Department are current.

Health and Safety:

The Occupational Health and Safety (OHS) Committee continues to meet in a modified form that includes a physical distancing format. Regular inspections were conducted during the reporting period. Safety procedures continue to be reviewed annually and the Committee remains on schedule with its annual review.

General Updates:

Highlights in the Recreation Department include:

- Over 85 essential caregivers are now part of the Home's visiting program. Each caregiver receives a one hour training session that includes infection control measures while they are in resident's rooms, visitation rules, restrictions and guidelines to ensure the safety of all during the pandemic.
- Resident and Family Councils have been very supportive of the ongoing changes around restrictions regarding Covid-19 infection control practices and safety for our residents. Virtual meetings have been very effective.
- Socially distanced recreation programs continue in small groups with the support of the Home's recreation coordinators and additional staff being deployed where volunteers would normally assist. In August we were able to reinstate the use of the London Public Visiting Library which was an addition to our programs for our readers in the Home.
- The reopening of the Dearness Home's Hair Salon in August was very welcomed news to all residents. Social distancing and enhanced infection control practices were put into place.
- The Home's contracted service Lifemark has reinstated their foot care nurse to the Home, however, due to Covid-19, the Occupational Therapist position has reduced their availability to provide service hours. Discussions are underway to provide a resolution to this needed role that includes the possibility of providing an Occupational Therapy Assistant to enhance the Occupational Therapist's role.
- Communication to our residents, families and caregivers of Dearness Home has expanded to include the use of mass email, mailings, ROBO calls and the use of the City of London Website.
- Pumpkin Spice Treat Day on Thanksgiving weekend was a fun celebration for our residents. This event was provided in partnership with Tim Horton's and the Home's recreation staff.

Dietary:

Highlights in the Dietary Department include:

- The Dietary Department provided pizza, burritos, chips, cupcakes and donuts to celebrate Dearness Home's Care Partner Staff Appreciation Week in September.
- The Dietary Department provided residents with ice cream to celebrate Grandparents' Day.
- Resident barbeques continued through the months of August and September.
- A preventative maintenance inspection of all kitchen equipment was completed during the reporting period.
- The Home successfully implemented its Fall and Winter Menu using Synergy on Demand menus that were adjusted to resident preference.
- The Home's Resident Food Council resumed with a smaller number of attendees to enable social distancing.
- The Dietary Department provided Oktoberfest and Thanksgiving meals to residents to celebrate these occasions.

Nursing:

Highlights in the Nursing Department include:

- In partnership with our pharmacy, the Home began quarterly Medication Management meetings in mid-August. These meetings are held between the Assistant Directors of Care, the Pharmacist, and the Home's Medical Director to complete an intensive review

of all medication incidents in the Home. The Home will continue with a cursory review of all medication incidents at the quarterly Professional Advisory Committee as required under legislation; however, this supplementary meeting will allow for a more in depth analysis of each incident with the goal to prevent similar occurrences in the future.

- In an effort to secure more staff for the Home, Dearness is receiving additional HR support. Further, in consultation with our Unifor union, the Home has begun hiring 'weekend only' Personal Support Workers (PSWs). These PSWs will work primarily on the weekends as temporary part-time workers for the duration of the pandemic. The hope is these staff will help alleviate the staffing constraints over the weekends as well as provide staffing security should the Home enter into a COVID outbreak.
- The Home began recruiting for a new permanent full-time social worker in late September. Interviews began in early October and we are hoping to secure a successful candidate into the role by mid-November.

Environmental:

Highlights in the Environmental Department include:

- Dearness continues to maintain the staffroom, café, and half of the Adult Day Program areas as staff breaks areas and still allows physical distancing to be maintained. The remaining half of the Adult Day Program area has been converted into 3 separate visiting stations that allow family and residents to visit and an area for staff COVID testing.
- The Home's Housekeeping Department continues to provide additional cleaning and disinfecting of the Home, as well as stocking and distributing isolation bins that provide staff with PPE.
- Close monitoring and inventory tracking of all PPE continues to be tracked using the Covid-19 Critical Supplies and Equipment (CSE) Survey; this is completed weekly on Mondays and Thursdays. This tracking process will continue until further notice.
- Dearness has successfully built a 30 day reserve of PPE should there be an outbreak or change in the supply chain.

RECOMMENDED BY	CONCURRED BY:
LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME	KEVIN DICKINS ACTING MANAGING DIRECTOR HOUSING, SOCIAL SERVICES AND DEARNESS HOME

- cc:**
- L. Livingstone, City Manager
 - K. Murray, Acting Senior Financial Business Administrator
 - J. Brown, Financial Business Administrator
 - L. Marshall, Solicitor
 - A. Hagan, Manager, Labour Relations
 - K. Cook, Human Resources Advisor



**Ministry of Long-Term
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**Ministère des Soins de longue
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**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 17, 2020	2020_778563_0027	017970-20, 018198-20	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 10, 11, 14 and 15, 2020

Log #017970-20 - Complaint #IL-82199-LO related to visitation and restraints.

Log #018198-20 - Complaint #IL-82336-LO related to care.

Log #018200-20 - Critical Incident #M514-000009-20 related to suspected staff to resident neglect.

Log #018845-20 - Patient Ombudsman Complaint related to visitation and care.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, a Registered Nurse, Registered Practical Nurses, Personal Support Workers, a Dietary Aide and residents.

The inspector also made observations of residents and care provided. Relevant policies and procedures, investigation notes, video footage, as well as clinical records and plans of care for identified residents were reviewed.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

- s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**
- 1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).**
 - 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council. O. Reg. 79/10, s. 73 (1).**
 - 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise. O. Reg. 79/10, s. 73 (1).**
 - 4. Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).**
 - 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences. O. Reg. 79/10, s. 73 (1).**
 - 6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).**
 - 7. Sufficient time for every resident to eat at his or her own pace. O. Reg. 79/10, s. 73 (1).**
 - 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs. O. Reg. 79/10, s. 73 (1).**
 - 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. O. Reg. 79/10, s. 73 (1).**
 - 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).**
 - 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

Findings/Faits saillants :

1. The licensee failed ensure that the home had a dining and snack service that included, at a minimum, tea being served at a temperature that was both safe and palatable to the resident and providing the resident with the proper assistive device and personal assistance required to safely drink as comfortably and independently as possible.

The resident was provided fluids in an adaptive device for drinking that was not recommended for use as part of the care plan. The care plan documented the use of a specific adaptive device and specific staff assistance to ensure adequate food/fluid intake. A progress note stated there were negative outcomes to the resident. Video footage showed the resident was not provided the adaptive device recommended and there was no staff assistance to consume the fluids. The home's investigation concluded that a Personal Support Worker (PSW) did not ensure the temperature of the fluid was safe and did not provide the appropriate adaptive device for drinking. The skin assessments documented injuries to the resident. A Registered Practical Nurse (RPN) verified staff did not use the appropriate adaptive device, staff did not provide assistance and did not ensure the fluid was at a temperature that was safe for drinking at the time of the incident. The use of an adaptive device for drinking was observed in use and the adaptive device was not recommended for use as part of the care plan. The snack cart instructions for the resident documented the use of a specific adaptive device and there was a clean unused adaptive device on the cart. The Director of Care (DOC) and PSW verified that the adaptive device used was incorrect and not a part of the resident's care plan. Without staff assistance and the use of the appropriate adaptive device, the resident was at increased risk for potential injuries.

Sources:

Critical Incident System Report, the resident's clinical record, video footage, investigation notes, Food and Nutrition policies, observations, and interviews with the DOC, RPN, and PSW. [s. 73. (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 the home has a dining and snack service that includes, at a minimum, the following elements: food and fluids being served at a temperature that is both safe and palatable to the residents and providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible, to be implemented voluntarily.

Issued on this 18th day of September, 2020

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

Original report signed by the inspector.



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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 16, 2020	2020_736689_0018	016062-20, 017241-20	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

CASSANDRA ALEKSIC (689)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 14 & 15, 2020.

The following intake was completed in this complaint inspection:

Log #016062-20 and #017241-20 related to care concerns

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), and Registered Practical Nurses (RPNs).

During the course of the inspection, the inspector observed resident and staff care, reviewed clinical health records and other pertinent documents.

Inspector #563 was present completing concurrent inspections.

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

During the course of this inspection, Non-Compliances were not issued.

- 0 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

Issued on this 16th day of September, 2020

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



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Original report signed by the inspector.



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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 17, 2020	2020_778563_0026	017792-20	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 10, 11, 14 and 15, 2020

Log #017792-20 - Critical Incident System #M514-00000-20 related to a missing resident greater than three hours.

During the course of the inspection, the inspector(s) spoke with the Assistant Director of Care, a Registered Practical Nurse and the resident.

The inspector also made observations of the resident. Relevant policies and procedures, as well as clinical records and the plan of care for the identified resident were reviewed.

**The following Inspection Protocols were used during this inspection:
Safe and Secure Home**

During the course of this inspection, Non-Compliances were not issued.

- 0 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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Issued on this 17th day of September, 2020

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



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Original report signed by the inspector.