Court File No. 06-CL-6233

ONTARIO
SUPERIOR COURT OF JUSTICE
(IN BANKRUPTCY AND INSOLVENCY)
COMMERCIAL LIST

IN THE MATTER OF AN APPLICATION UNDER SECTION 47 (1) OF THE *BANKRUPTCY AND INSOLVENCY ACT* R.S.C. 1985, C.B-3

AND IN THE MATTER of SECTION 101 of *THE COURTS of JUSTICE ACT*, R.S.O. 1990, C.C-43

B E T W E E N:

PEOPLES TRUST COMPANY

Applicant

- and –

PARAGON HEALTH CARE INC. and 1508669 ONTARIO LIMITED

Respondents

MOTION RECORD
(Returnable December 23, 2009)

GOWLING LAFLEUR HENDERSON LLP
Barristers and Solicitors
Suite 1600, 1 First Canadian Place
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Toronto, Ontario M5X 1G5

Clifton Prophet (**LSUC No.: 34845K**)
Frank Lamie (**LSUC No. 54035S**)
Telephone: (416) 862-7525
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Solicitors for Deloitte & Touche Inc. in its capacity as Interim Receiver and Receiver and Manager of Paragon Health Care Inc. et al.

SERVICE LIST

TO: **MCLEAN & KERR LLP**
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Suite 2800
Toronto, Ontario
M5H 3P5

Attention: Martin Sear
Tel: 416-364-5371
Fax: 416-366-8571

Solicitors for Paragon Health Care Inc., Paragon Health Care (Ontario) Inc. and 1508669 Ontario Limited

AND TO: **SACK GOLDBLATT MITCHELL**
Suite 1130, Box 180
20 Dundas Street West
Toronto, Ontario M5G 2G8

Attention: Michael Kainer / Doug LeFaive
Tel.: 416-977-6070
Fax: 416-591-7333
Email: mkainer@sgmlaw.com / dlefaive@sgmlaw.com

Solicitors for Service Employees Union International, CUPE and the Nurses and Related Industries Pension Plan

AND TO: **MINISTRY OF FINANCE, Insolvency Unit**
33 King Street West, 6th Floor
Oshawa, Ontario L1H 8H5

Sandra Courvoisier
Tel: 905-433-6677
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AND TO: **DEPARTMENT OF JUSTICE (CANADA)**
Ontario Regional Office
The Exchange Tower, Box 36
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Toronto, Ontario M5X 1K6

Attention: Diane Winters
Tel: 416-973-3172
Fax: 416-973-0810
Email: diane.winters@justice.gc.ca

AND TO: **LANG MICHENER LLP**
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Attention: Les Wittlin
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Fax: 416-365-1719
Email: lwittlin@langmichener.ca

Independent Counsel to Deloitte & Touche Inc.

AND TO: **MINISTRY OF HEALTH AND LONG-TERM CARE**
56 Wellesley Street West, 9th Floor
Toronto, Ontario M7A 2J9

Attention: Tim Burns, Director, Long Term Care Homes Branch

AND TO: **MINISTRY OF HEALTH AND LONG-TERM CARE**
Hepburn Block
10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2J9

Attention: Tim Burns, Director, Long Term Care Homes Branch

INDEX

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TAB 1

Court File No. 06-CL-6233

ONTARIO
SUPERIOR COURT OF JUSTICE
(IN BANKRUPTCY AND INSOLVENCY)
COMMERCIAL LIST

IN THE MATTER OF AN APPLICATION UNDER SECTION 47 (1) OF THE *BANKRUPTCY AND INSOLVENCY ACT* R.S.C. 1985, C.B-3

AND IN THE MATTER of SECTION 101 of *THE COURTS of JUSTICE ACT*, R.S.O. 1990, C.C-43

B E T W E E N:

PEOPLES TRUST COMPANY

Applicant

- and –

PARAGON HEALTH CARE INC., 1508669 ONTARIO LIMITED and PARAGON HEALTH CARE (ONTARIO) INC.

Respondents

NOTICE OF MOTION

DELOITTE & TOUCHE INC. in its capacity as Interim Receiver and Receiver and Manager (the **"Receiver"**) of the current and future assets, undertakings and properties (the **"Assets"**) of each of Paragon Health Care Inc. **("Paragon")**, Paragon Health Care (Ontario) Inc. **("Paragon Ontario")** and 1508669 Ontario Limited **("1508669")** will make a motion to the Court on Wednesday, December 23, 2009 at 10:00 a.m. or as soon after that time as the motion can be heard, at 330 University Avenue, Toronto.

THE PROPOSED METHOD OF HEARING: The motion is to be heard orally.

THE MOTION IS FOR:

1. An order, substantially in the form attached hereto as Schedule "A":

   (a) abridging the time for and validating service of this Notice of Motion and the motion materials filed in support of this motion and dispensing with further service thereof;

   (b) approving the Receiver's actions and activities with respect to the receivership of Paragon, Paragon Ontario and 1508669;

   (c) approving the fees and disbursements of the Receiver and those of its counsel as set out in the Fifth Report of the Receiver dated December 14, 2009 (the **"Fifth Report"**);

   (d) authorizing and directing the Receiver to distribute funds in the amount of $1,000,000 held by the Receiver as proposed in the Fifth Report; and

2. Such further and other relief as counsel may request and this Honourable Court may permit.

THE GROUNDS FOR THE MOTION ARE:

1. Pursuant to an Order of this Honourable Court made on January 23, 2006 and effective 9:00 a.m. on January 24, 2006 (the **"Appointment Order"**), Mintz & Partners Limited was appointed as Interim Receiver and Receiver and Manager of the assets, undertakings and properties of Paragon, Paragon Ontario and 1508669 pursuant to subsection 47(1) of the *Bankruptcy and Insolvency Act*, R.S.C. 1985, c.1985, C. B-3 (the **"BIA"**) and section 101 of the *Courts of Justice Act*, R.S.O. 1990, c. C. 43 (the **"CJA"**).

2. Pursuant to an Order of the Honourable Madam Justice Karakatsanis dated July 2, 2008, following the merger of the accounting practices of Deloitte & Touche

LLP and Mintz & Partners LLP, the name of the Receiver was changed to Deloitte & Touche Inc. **("Deloitte")**.

3. Peoples Trust Company **("Peoples")** has valid and enforceable security against the property, assets and undertakings of Paragon and the business of Casa Verde, including a charge/mortgage of land, dated May 27, 1994 and registered May 30, 1994 as instrument number TB953231 in favour of First National Financial Corporation by Paragon for the principal amount of $10,217,600 as subsequently amended and assigned to Peoples by assignment of charge/mortgage of land registered June 15, 2000 as instrument number TR061724, and related personal property security (the **"Casa Verde First Mortgage")**.

4. As of December 7, 2009, the outstanding balance of the Casa Verde First Mortgage was $15,790,287, inclusive of principal and interest.

5. The Receiver seeks this Honourable Court's authorization and direction to distribute surplus funds which it now holds to Peoples in the amount of $1,000,000 as partial payment on account of interest arrears on the outstanding balance of the Casa Verde First Mortgage.

6. The Receiver has operated the nursing home and retirement home businesses of Paragon and 1508669 in a prudent and sustainable manner since its appointment.

7. Such further and other grounds as counsel may advise and this Honourable Court may permit.

THE FOLLOWING DOCUMENTARY EVIDENCE WILL BE USED AT THE HEARING OF THE MOTION:

1. The Fifth Report of the Receiver dated December 14, 2009;
2. The Affidavit of Hartley M. Bricks sworn December 14, 2009;
3. The Affidavit of Leslie A. Wittlin sworn December 16, 2009;

4. The Affidavit of Harry Vanderlugt sworn December 16, 2009; and

5. Such further and other evidence as counsel may advise and this Honourable Court may permit.

Date: December 17, 2009

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Solicitors for Deloitte & Touche Inc. in its capacity as Interim Receiver and Receiver and Manager of the current and future assets, undertakings and properties of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc. and 1508669 Ontario Limited

TO: THE SERVICE LIST

Court File No.: 06-CL-6233

PEOPLES TRUST CANADA and PARAGON HEALTH CARE INC. et al.

ONTARIO

SUPERIOR COURT OF JUSTICE

(PROCEEDING COMMENCED AT TORONTO)

NOTICE OF MOTION

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Schedule "A"

Court File No. 06-CL-6233

ONTARIO
SUPERIOR COURT OF JUSTICE
COMMERCIAL LIST

THE HONOURABLE	)	**WEDNESDAY, THE 23rd DAY**
	)	
JUSTICE	)	**OF DECEMBER, 2009**
	)	

IN THE MATTER OF AN APPLICATION UNDER SECTION 47 (1) OF THE *BANKRUPTCY AND INSOLVENCY ACT* R.S.C. 1985, C.B-3

AND IN THE MATTER of SECTION 101 of *THE COURTS of JUSTICE ACT*, R.S.O. 1990, C.C-43

B E T W E E N:

PEOPLES TRUST COMPANY

Applicant

- and –

PARAGON HEALTH CARE INC. and 1508669 ONTARIO LIMITED

Respondents

O R D E R

THIS MOTION made by Deloitte & Touche Inc. **("Deloitte")**, appointed as interim receiver and receiver and manager (the **"Receiver")** pursuant to section 101 of the *Courts of Justice Act*, without security, of the property, assets and undertaking of Paragon Health Care Inc. **("Paragon")**, Paragon Health Care (Ontario) Inc. **("Paragon Ontario")** and 1508669 Ontario Limited **("1508669")** pursuant to the terms of the Order

of the Honourable Mr. Justice Cumming dated January 23, 2006 and effective 9:00 a.m. on January 24, 2006 (the **"Initial Order"**), was heard this day at 330 University Avenue, Toronto, Ontario.

ON READING the Notice of Motion, the Fifth Report of the Receiver and the Affidavits of Harry Vanderlugt sworn December 16, 2009, filed, Hartley M. Bricks sworn December 14, 2009, filed, and Leslie A. Wittlin, sworn December 16, 2009, filed, and upon hearing the submissions of counsel for the Receiver, no other parties attending.

1. **THIS COURT ORDERS** that service of the Notice of Motion and the Motion Record herein is hereby abridged, if necessary, and that this motion is properly returnable today and that service, including the form, manner and time that such service was actually effected on all parties, is hereby validated, and where such service was not effected such service is hereby dispensed with.

2. **THIS COURT ORDERS** that the Fifth Report is hereby accepted and approved.

3. **THIS COURT ORDERS** that the conduct of the Receiver, its related entities and agents to date, as detailed in the Fifth Report, be and the same is hereby approved.

4. **THIS COURT ORDERS** that the Interim Statements of Receipts and Disbursements of the Receiver for the period January 23, 2006 to December 7, 2009 in respect of Paragon, Paragon Ontario and 1508669 as set out in Appendices "L", "M" and "N" to the Fifth Report, filed, be and the same are hereby accepted and approved.

5. **THIS COURT ORDERS** that the fees of the Receiver relating to the receivership of Paragon and 1508669 for the period from June 17, 2008 to September 30, 2009 in the amount of $205,158.59 in respect of Paragon and $105,363.83 in respect of 1508669, as set out in the Affidavit of Hartley M. Bricks sworn December 14, 2009, filed, be and the same are hereby approved.

6. **THIS COURT ORDERS** that the fees and disbursements of Gowling Lafleur Henderson LLP, counsel to the Receiver, in the amount of $72,191.54 in respect of Paragon and $35,650.93 in respect of 1508669, as set out in the Affidavit of Harry Vanderlugt sworn December 16, 2009, filed, be and the same are hereby approved for the period May 22, 2008 to August 20, 2009.

7. **THIS COURT ORDERS** that the fees and disbursements of Lang Michener LLP, independent counsel to the Receiver, in the amount of $3,203.81 all in respect of 1508669, as set out in the Affidavit of Leslie A. Wittlin sworn December 16, 2009, filed, be and the same are hereby approved for the period from June 1, 2009 to September 30, 2009.

8. **THIS COURT ORDERS** that the Receiver is authorized and hereby directed to distribute to Peoples Trust Company as partial payment on account of its secured claims against Paragon, the total sum of $1,00,000.00 at this time.

_____

Court File No.: 06-CL-6233

PEOPLES TRUST CANADA and PARAGON HEALTH CARE INC. et al.

ONTARIO

SUPERIOR COURT OF JUSTICE

(PROCEEDING COMMENCED AT TORONTO)

ORDER

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TAB 2

Court File No. 06-CL-6233

ONTARIO
SUPERIOR COURT OF JUSTICE
(IN BANKRUPTCY AND INSOLVENCY)
COMMERCIAL LIST

BETWEEN:

PEOPLES TRUST COMPANY

Applicant

- and -

PARAGON HEALTH CARE INC. AND 1508669 ONTARIO LIMITED

Respondents

Fifth Report to the Court of Deloitte & Touche Inc., as Interim Receiver and Receiver and Manager of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc. and 1508669 Ontario Limited

INTRODUCTION

1. Pursuant to an Order of the Ontario Superior Court of Justice (Commercial List) (the "**Court**") dated January 23, 2006 (the "**Appointment Order**"), Mintz & Partners Limited ("**MPL**") was appointed as Interim Receiver and Receiver and Manager (the "**Receiver**") of all the assets, undertakings and property of Paragon Health Care Inc. ("**Paragon**"), Paragon Health Care (Ontario) Inc. ("**Paragon Ontario**") and 1508669 Ontario Limited ("**1508669**") (collectively, the "**Companies**") effective 9:00 am on January 24, 2006 (the "**Appointment Date**"). A copy of the Appointment Order is attached hereto as **Appendix "A"**. By Order of the Court dated July 2, 2008, following the merger of the accounting practices of Deloitte & Touche LLP and Mintz & Partners LLP, the name of the Receiver was changed to Deloitte & Touche Inc. ("**Deloitte**").

2. Paragon's assets comprise the Casa Verde Health Centre, a 252-bed nursing home ("**Casa Verde Nursing Home**") and a 94-bed retirement home ("**Casa Verde Retirement Home**") (collectively, with Casa Verde Nursing Home, "**Casa Verde**") located at 3595 Keele Street, Toronto, Ontario.

1508669's assets comprise the West Park Health Centre ("**West Park**"), a 93-bed nursing home located at 103-111 Pelham Road, St. Catharines, Ontario (collectively, with Casa Verde, the "**Homes**" or "**Facilities**").

3. Paragon Ontario is a non-operating entity that employs certain nursing staff used by Casa Verde.

4. On April 4, 2007, the Honourable Justice Cumming granted an Order (the "**April 4, 2007 Order**") approving, among other things (i) a distribution of $200,000 from 1508669 to Peoples Trust Company ("**Peoples**"), the first secured creditor; (ii) the Receiver's activities from the Appointment Date to March 26, 2007; and (iii) the fees and disbursements of the Receiver and those of its counsel. In support of the application, the Receiver submitted its First Report to the Court dated March 26, 2007 ("**First Report**").

5. On August 21, 2007, the Honourable Justice Cumming granted an Order approving the Receiver commencing a marketing and sale process for the Homes (the "**Sale Process Order**"). In support of the motion, the Receiver submitted its Second Report to the Court dated July 27, 2007 (the "**Second Report**").

6. The Receiver's Third Report to the Court dated August 24, 2007 was submitted in response to a motion brought by a former employee who was seeking leave to issue a Statement of Claim to commence a wrongful dismissal action against the Receiver.

7. On July 2, 2008, the Honourable Justice Karakatsanis granted an Order approving, among other things (i) a distribution of $800,000 from 1508669 to Peoples, (ii) the fees and disbursements of the Receiver and those of its counsel; and (iii) changing the name of the Receiver to Deloitte. In support of the application, the Receiver submitted its Fourth Report to the Court (the "**Fourth Report**") dated June 25, 2008.

8. The purpose of this Fifth Report of the Receiver (the "**Fifth Report**") is to:

- update the Court on the operation of the Homes;
- update the Court on the status of the ongoing marketing and sale process for the Homes;

- request the Court's approval of a proposed distribution of $1,000,000 from Paragon to Peoples; and

- request the Court's approval of the fees and activities of the Receiver, and those of its counsel.

9. Capitalized terms not defined in this Fifth Report are as defined in the Appointment Order. All references to dollars are in Canadian currency unless otherwise noted.

TERMS OF REFERENCE

10. In preparing this Fifth Report, the Receiver has relied upon records of the Companies and unaudited financial information prepared by the Companies and/or Diversicare Canada Management Services Co., Inc. ("**Diversicare**"). The Receiver has not performed an audit or other verification of such information. As set out in the First Report, Diversicare has been engaged as day-to-day manager of Casa Verde and West Park on behalf of the Receiver.

11. The Receiver has sought the advice of Gowling Lafleur Henderson LLP ("**Gowlings**"), counsel to Peoples, for general legal matters that have arisen in respect of the receiverships. Where the Receiver has required independent legal advice, the Receiver has sought the counsel of Lang Michener LLP ("**Lang Michener**").

OPERATIONS

12. The Receiver has continued to operate the Facilities pursuant to the powers and duties under the Appointment Order.

Casa Verde

Occupancy

13. At the Appointment Date, Casa Verde Nursing Home was approximately 67% occupied and Casa Verde Retirement Home was approximately 50% occupied. Upon its appointment, the Receiver commenced a capital expenditure and repair program with a goal of improving the physical premises at Casa Verde and increasing occupancy. To that end, as of November 30, 2009, and as discussed later herein, the Receiver has made capital expenditures of approximately

$1,150,000 since the Appointment Date.

14. As of December 3, 2009, Casa Verde Nursing Home is approximately 92% occupied while Casa Verde Retirement Home is at 56% occupancy. For 2009, Casa Verde Nursing Home has averaged approximately 95% occupancy while Casa Verde Retirement Home has averaged approximately 60% occupancy. These occupancy levels are virtually identical to those reported approximately one year ago in the Second Report. The increase in occupancy since the Appointment Date can be attributed to the following:

- a more concerted marketing campaign by Casa Verde, including marketing of the local Community Care Access Centre which places new applicants in homes;
- a change over to a more experienced senior management team;
- the creation of model suites for a better presentation to potential residents;
- improved appearance of Casa Verde Nursing Home through repairs and maintenance authorized by the Receiver and effected through Diversicare; and
- a general decrease in available beds in competitor nursing homes in the North Toronto area.

15. The Receiver continues to work with Diversicare to develop strategies to try to increase the occupancy of Casa Verde Retirement Home.

Ministry of Health and Long-Term Care

16. In late August and early September 2009, the Ministry of Health and Long-Term Care ("**MOHLTC**") completed its annual inspection of Casa Verde Nursing Home. The MOHLTC identified certain unmet standards or criteria but did not identify any areas of non-compliance. With respect to the unmet standards identified by the MOHLTC, a Plan of Corrective Action was submitted by Casa Verde which was accepted by the MOHLTC. A copy of the correspondence from the MOHLTC dated November 23, 2009 and the Long-Term Care Home Review Summary Report is attached hereto as **Appendix "B"**.

Accreditation

17. Casa Verde Nursing Home received long term care home accreditation from Accreditation Canada in October 2007. Accreditation Canada is an independent agency recognized by the MOHLTC that assesses the quality of services provided in nursing homes. The next accreditation survey of Casa Verde Nursing Home is scheduled for 2010. On April 8, 2009, Casa Verde Retirement Home received accreditation from the Ontario Retirement Communities Association and was admitted to its membership.

Human Rights Complaint

18. In August 2008, a nurse ("**HR Applicant**") engaged through a temporary employment agency made an application under Section 34 of the Human Rights Code naming "Casa Verde Health Center" as the respondent. The HR Applicant had alleged discrimination based on race while working at Casa Verde Nursing Home. The Receiver defended the application, first through mediation, which was rejected by the HR Applicant, and then at a tribunal, at which the HR Applicant failed to appear. On June 3, 2009, the Human Rights Tribunal of Ontario dismissed the HR Applicant's application.

Operating Results

19. Attached hereto as **Appendix "C"** is an operating statement summary for Casa Verde Nursing Home for the period January 24, 2006 to September 30, 2009 (the "**Results Period**"). Casa Verde Nursing Home has generated positive net income (before consideration of interest, depreciation and capital expenditures) of approximately $3.4 million over the Results Period. Monthly results at Casa Verde Nursing Home continue to show an upward trend due to the positive impact of increased occupancy commencing in July 2006.

20. Over the Results Period, the Receiver has incurred approximately $230,000 in restructuring costs which relate to appraisal fees and severance and termination costs for terminated employees (referred to in the Fourth Report). The Receiver does not anticipate incurring any further significant restructuring costs for the balance of fiscal 2009. As set out earlier in this Fifth Report, the Receiver has expended approximately $1,150,000 in capital expenditures for Casa Verde. The significant expenditures relate to remediation of the roof of Casa Verde, replacement of

certain HVAC components, refurbishment and improvement of certain wings of the building to bring these areas back into use in order to allow for full occupancy at Casa Verde, and the purchase of new furniture and fixtures.

21. Attached hereto as **Appendix "D"** is an operating statement summary for Casa Verde Retirement Home for the Results Period. Casa Verde Retirement Home has experienced a net operating loss of approximately $1.2 million (before consideration of interest, depreciation and capital expenditures) over the Results Period as a result of occupancy levels in the 50% to 60% range since the Appointment Date. The Receiver is continuing to work with Diversicare to develop strategies to increase occupancy or otherwise employ the unused space at Casa Verde Retirement Home for other revenue generating projects.

West Park

Occupancy

22. Occupancy at West Park has remained relatively consistent at an average rate in excess of 97% since the Appointment Date.

Ministry of Health and Long-Term Care

23. In October 2008, the MOHLTC completed its 2008 annual review of West Park during which the MOHLTC identified certain unmet criteria. West Park submitted a plan of corrective action to the MOHLTC to address the unmet criteria which the MOHLTC determined to be acceptable. Copies of the annual review and the plan of corrective action are attached hereto as **Appendix "E"**.

24. In January and February 2009, the MOHLTC conducted five investigations following complaints it received. For each complaint, West Park submitted a plan of corrective action which was accepted by the MOHLTC. Copies of the complaint investigations and the plans of corrective action are attached hereto as **Appendix "F"**.

25. The MOHLTC conducted its 2009 annual review of West Park in July 2009. The MOHLTC identified certain unmet standards and West Park submitted plans of corrective action on August 7, 2009 to address the unmet standards. Copies of the Report of Unmet Standards or Criteria and the plans of corrective action are attached hereto as **Appendix "G"**.

26. On August 13, 2009, representatives of the MOHLTC met with the Receiver together with Diversicare and key staff from West Park to discuss the results of the MOHLTC's 2009 annual review and to advise that due to ongoing concerns related to the care and services provided at West Park and the inability to sustain corrective actions, effective August 13, 2009, West Park was to be subject to enhanced inspection and monitoring for a period of not less than 90 days. A copy of correspondence dated August 13, 2009 from the MOHLTC discussing its reasons for its decision to place West Park in enhanced inspection and monitoring is attached hereto as **Appendix "H"**. Subsequent to that meeting, West Park submitted further plans of corrective action to the MOHLTC.

27. For the 90 day period after August 13, 2009, West Park was subjected to enhanced inspections and monitoring, with a comprehensive review undertaken by the MOHLTC on November 3, 4, and 5, 2009. On November 12, 2009, representatives of the MOHLTC met with the Receiver together with Diversicare and key staff from West Park to discuss the results of that review, a copy of which is attached hereto as **Appendix "I"**. At that meeting, the MOHLTC advised that due to lack of progress in addressing the identified areas of non-compliance and unmet criteria over the enhanced inspection and monitoring period, the MOHLTC was initiating enforcement inspection activities at West Park for a 90 day period. A copy of correspondence dated November 13, 2009 from the MOHLTC discussing its reasons for its decision to place West Park in enforcement inspection is attached hereto as **Appendix "J"**. The Receiver is working with Diversicare to ensure appropriate steps are taken at West Park to address the identified areas of non-compliance.

Operating Results

28. Attached hereto as **Appendix "K"** is an operating statement summary for West Park for the Results Period. Consistently strong occupancy at West Park has over the Results Period generated positive net operating income of $1,089,736 (before consideration of interest, depreciation and capital expenditures).

29. Over the Results Period, the Receiver has expended approximately $360,000 in capital expenditures for West Park. The significant expenditures relate to remediation of the roof, replacement of substantially all of the windows of the building and replacement of flooring in certain sections of West Park.

Lantana Circle Property

30. On April 3, 2009, the Receiver was advised that it, along with 1508669, Elk Island Developments Inc. ("**Elk Island**") and Canadian Imperial Bank of Commerce ("**CIBC**") had been added as parties to a civil dispute being tried in the Superior Court of Justice between Saysamone Sanoubane and Gerald Harquail, the principal of the Companies (the "**Sanoubane Action**"). The Sanoubane Action involves a claim for spousal and child support brought by Ms. Sanoubane against Mr. Harquail. Ms. Sanoubane is also apparently claiming part ownership of 4 Lantana Circle, St. Catharines ("**Lantana Circle**"), a residence in which she had resided in at the time she brought the Sanoubane Action, and a Certificate of Pending Litigation was issued against Lantana Circle as ordered by the Court as part of the Sanoubane Action.

31. The Receiver was initially made aware of the Lantana Circle property in June 2008 when counsel for CIBC contacted the Receiver to advise that the mortgage that CIBC held on Lantana Circle was in default and that CIBC intended to enforce the mortgage and dispose of the property under power of sale proceedings. Upon looking into this matter, the Receiver discovered that 1508669 had been the registered owner of Lantana Circle until approximately one week prior to the Appointment Date when the property was transferred for consideration of $2 to Elk Island, a company controlled by Mr. Harquail. Also on the transfer date, Elk Island granted a $400,000 charge on Lantana Circle to Ginette Harquail, Mr. Harquail's spouse.

32. The Receiver advised counsel for CIBC in July 2008 that it was the Receiver's position that the transfer of Lantana Circle to Elk Island constituted a fraudulent conveyance, that the charge granted to Ginette Harquail constituted a settlement and that any proceeds from sale in excess of CIBC's first mortgage should be held pending a review of these transactions and a determination of ownership of Lantana Circle.

33. The Receiver notes that Ms. Sanoubane did not seek leave of the Court as required under the Appointment Order prior to obtaining the Order adding the Receiver to the Sanoubane Action.

34. Kronis Rotsztain Margles Cappel ("**Kronis**"), Counsel for CIBC, has advised the Receiver that in September 2009 they were successful in a motion they brought to evict Ms. Sanoubane from

Lantana Circle. Kronis has also advised that prior to listing 4 Lantana Circle for sale, CIBC has commissioned certain repairs to the property including removing mould that has accumulated in the indoor swimming pool. Kronis indicated that they anticipate listing the property for sale in the spring of 2010.

35. Kronis estimates CIBC's first mortgage on Lantana Circle at $470,000, which includes payment of outstanding property taxes but does not include legal fees or any repair costs. Kronis indicated that once the repairs to the property are complete, they will obtain an appraisal of the property which they will provide to the Receiver. Kronis confirmed that they intend to have any proceeds in excess of CIBC's mortgage paid into Court pending the Receiver's challenge to the ownership transfer to Elk Island and the charge provided to Ms. Harquail.

36. Based on Kronis' commitment to pay any excess proceeds into Court, the Receiver proposes to await the determination of the amount remaining in excess of CIBC's mortgage claims before further pursing remedies in relation to the transfer of the Lantana Circle property and the charge provided to Ms. Harquail.

MARKETING AND SALES PROCESS

37. Following the issuance of the Sales Process Order, the Receiver conducted a marketing and sales process (the "**First Sale Process**"), the details of which were set out in the Fourth Report. The First Sale Process failed to result in acceptable offers for the Homes.

38. On May 30, 2008, the Receiver, with the concurrence of Peoples, engaged John A. Jensen Realty Inc. ("**Jensen**") to list the Homes for sale. Jensen's expertise is the marketing and sale of nursing and retirement home facilities. On September 30, 2009, and with the concurrence of Peoples, the Receiver extended its listing agreement with Jensen with respect to Casa Verde to March 31, 2010. As set out below in more detail, the listing agreement for West Park has not been renewed to date.

39. For purposes of this Fifth Report, the Receiver has not included the names of potential purchasers, or offered purchase prices for the Homes, in order to not compromise future sales efforts by the Receiver.

Casa Verde

40. On February 26, 2009, the Receiver entered into a letter of intent for the sale of Casa Verde. The Receiver provided the potential purchaser with a draft agreement of purchase and sale and various materials for it to conduct its due diligence and commenced to negotiate an agreement of purchase and sale. However, on April 3, 2009, the potential purchaser terminated its letter of intent in accordance with its terms.

41. On July 3, 2009, the Receiver entered into a letter of intent with a second party ("**Second Purchaser**") for the sale of Casa Verde. The Receiver provided the Second Purchaser with various materials for it to conduct its due diligence and with a draft agreement of purchase and sale. In late November 2009, and following extensive negotiations and discussions with the Second Purchaser, the Second Purchaser informed the Receiver that at the present time it would not be proceeding any further with the transaction. The Receiver has terminated the Second Purchaser's letter of intent in accordance with its terms and is consulting with Jensen concerning the re-marketing of Casa Verde.

West Park

42. On February 26, 2009, the Receiver entered into a letter of intent with a potential purchaser for the sale of West Park (the "**West Park Purchaser**"). The Receiver provided the West Park Purchaser with a draft agreement of purchase and sale and various documents requested by the West Park Purchaser in order that the West Park Purchaser could conduct its due diligence on West Park. The letter of intent provided that the parties would enter into a definitive agreement of purchase and sale ("**Definitive APS**") by March 24, 2009 (the "**APS Deadline**"). By the APS Deadline, the parties had not entered into a Definitive APS, however, the Receiver and the West Park Purchaser agreed that they would continue to negotiate and that the West Park Purchaser would continue to conduct its due diligence on the property notwithstanding the passing of the APS Deadline. Despite this extension, and following extensive negotiations and discussions, the parties could not agree on the terms of a Definitive APS and in mid-August 2009, the parties mutually agreed to terminate the transaction.

43. In September 2009, Peoples sought the Receiver's consent to commence a foreclosure action on its second mortgage on West Park (the "**Foreclosure Action**"). After receiving advice from Lang

Michener, the Receiver provided its consent on September 5, 2009.

44. Peoples subsequently issued a statement of claim in connection with the Foreclosure Action which it served on the Receiver and 1508669. Peoples is in the process of attempting to obtain default judgement in regards to the Foreclosure Action. On December 3, 2009, Peoples assigned the second mortgage to West Park Holdings Ltd. (**"WP Holdings")** which entity is continuing the Foreclosure Action. It is the Receiver's understanding that the Foreclosure Action will extinguish the second mortgage on West Park (and Casa Verde, as both properties secured the same debt) and will make WP Holdings the registered owner of West Park; the first mortgage is to be unaffected.

45. Following Peoples' foreclosure on the second mortgage, the Receiver, in consultation with Peoples, intends to continue to operate West Park and may explore redevelopment options before making further attempts to sell the property. As a result, the Receiver did not re-list West Park with Jensen after the listing agreement expired on September 30, 2009. However, the Receiver has informed Jensen that notwithstanding that there is no listing agreement in place, the Receiver is willing to entertain serious offers of interest that may be presented to Jensen.

INTERIM STATEMENTS OF RECEIPTS AND DISBURSEMENTS

46. Attached hereto as **Appendices "L", "M" and "N"** are the Receiver's Interim Statements of Receipts and Disbursements for the period January 24, 2006 to December 7, 2009 (the "**R&D**") for each of Paragon, Paragon Ontario and 1508669, respectively. The R&D's reflect transactions through the Receiver's accounts and do not reflect the receipts and disbursements of the operating accounts managed by Diversicare for the Receiver, which are maintained on an accrual basis and are reflected in the operating statement summaries referred to in paragraphs 19 and 28 of this Fifth Report.

47. On the 22nd day of each month, MOHLTC funding is deposited into the Receiver's trust account, the amount of which is based on the census at the Homes and is fairly consistent from month to month. Each month, Diversicare provides the Receiver with a cash flow forecast for the Homes and a funding request to meet the cash flow requirements. The Receiver provides the requisite funding to Diversicare and holds the balance in its trust account.

48. As set out in the R&D's, the current cash balances in the Receiver's trust accounts as at December 7, 2009 in respect of each of the Companies is as follows:

Company	Cash Balance
Paragon	$ 1,771,707
Paragon Ontario	3,795
1508669	166,571
Total	$ 1,942,073

As discussed below, the Receiver is proposing to make a distribution to Peoples of a portion of the cash being held in the Receiver's Paragon trust account.

49. Diversicare maintains sufficient cash balances in its operating accounts for working capital purposes. Diversicare's operating accounts contain the following cash balances as at December 7, 2009:

Facility	Cash Balance
Casa Verde Health Centre	$ 721,128
Casa Verde Retirement Home	159,084
West Park	418,775
Total	$ 1,298,987

PROPOSED DISTRIBUTION TO PEOPLES

50. As indicated above, the Receiver has approximately $1,770,000 in its Paragon trust account.

51. With respect to the property, assets and undertaking of Paragon and the business of Casa Verde, Peoples holds the security described in the attached **Appendix "O"**, including a charge/mortgage of land made in favour of First National Financial Corporation by Paragon, dated May 30, 1994 and registered as Instrument No. TB953231 as subsequently amended and assigned to Peoples and

registered June 15, 2000 as Instrument No. TR061724 (the "**Casa Verde First Mortgage**"). The Receiver reported in paragraph 62 of the First Report that it had received an independent legal opinion from Lang Michener that indicated that Peoples' security over Paragon was legal, valid and binding.

52. A copy of Peoples' Statement for Discharge Purposes as of December 7, 2009 with respect to the Casa Verde First Mortgage is attached hereto as **Appendix "P"**. As of December 7, 2009, the outstanding balance (principal and interest) under the Casa Verde First Mortgage is $15,790,287.35. Peoples had previously informed the Receiver that it would to like to receive a payment against the outstanding balance on the Casa Verde First Mortgage should there be sufficient excess cash flow that is not required to operate Casa Verde.

53. The Receiver has determined that $1,000,000 would be an appropriate amount to distribute to Peoples as payment against arrears interest on the Casa Verde First Mortgage and is seeking the Court's approval for same. After consideration of the amount of the proposed distribution, the Receiver should have sufficient cash to (i) continue to fund Casa Verde's operations; (ii) address any capital costs or other costs that may be required in respect of the sale of Casa Verde or as required by the MOHLTC; and (iii) address any "clawback" claims that may be made by the MOHLTC in respect of MOHLTC funding provided to the Receiver in respect of the period following the Appointment Date.

STATEMENTS OF ACCOUNT OF THE RECEIVER AND ITS COUNSEL

54. The Receiver's fees for services rendered for the period June 1, 2008 to September 30, 2009 are particularized in the Affidavit of Hartley M. Bricks sworn December 14, 2009 and the invoices attached as exhibits thereto. The total amount of the invoices for this period is $205,158.59 in respect of Paragon and $105,363.83 in respect of 1508669. The invoices have been redacted where they refer to matters that are subject to privilege.

55. The fees and disbursements of Gowlings, counsel for Peoples Trust, in respect of work performed for the Receiver, for the period May 22, 2008 to November 18, 2009 are particularized in the Affidavit of Harry Vanderlugt sworn December 14, 2009 and the invoices are attached as exhibits thereto. The total amount of the invoices for this period is $72,191.54 in respect of Paragon and

$35,650.93 in respect of 1508669. The invoices have been redacted where they refer to matters that are subject to privilege.

56. The fees and disbursements of Lang Michener, the Receiver's independent counsel, for the period June 1, 2009 to September 30, 2009 are particularized in the affidavit of Leslie A. Wittlin. The total amount of the invoices for this period is $3,203.81, all in respect of 1508669. The invoices have been redacted where they refer to matters that are subject to privilege.

57. The Receiver has reviewed the invoices of Gowlings and Lang Michener and finds the work performed and charges to be appropriate and reasonable.

58. The Receiver has sought and received the approval of Peoples prior to taking interim draws against the fees of the Receiver, Gowlings and Lang Michener.

59. The Receiver is seeking the Court's approval of its activities up to the date of this Fifth Report and its fees as set out above.

RECEIVER'S REQUEST TO THE COURT

60. The Receiver is respectively seeking an order approving the following:

i) the actions and activities of the Receiver from June 26, 2008 to December 14, 2009, the date of this Fifth Report, together with this Fifth Report;

ii) a distribution to Peoples in the amount of $1,000,000 to be applied against amounts outstanding on the Casa Verde First Mortgage; and

iii) the fees and disbursements of the Receiver for the period from June 1, 2008 to September 30, 2009, the fees and disbursements of Gowlings for the period from May 22, 2008 to November 18, 2009, and the fees and disbursement of Lang Michener for the period June 1, 2009 to September 30, 2009.

All of which is respectfully submitted to this Honourable Court.

DATED this 14th day of December, 2009.

DELOITTE & TOUCHE INC.
Interim Receiver and Receiver and Manager of
Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.
and 1508669 Ontario Limited

Deloitte & Touche Inc.

Daniel R. Weisz, CA•CIRP, CIRP
Senior Vice President

Hartley Bricks, MBA, CA•CIRP, CIRP
Vice President

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TAB A

This is **Appendix "A"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Court File No. 06-CL-6233

ONTARIO

SUPERIOR COURT OF JUSTICE
(IN BANKRUPTCY AND INSOLVENCY)

COMMERCIAL LIST

THE HONOURABLE	)	MONDAY, THE 23rd DAY
	)	
JUSTICE CUMMING	)	OF JANUARY, 2006

PEOPLES TRUST COMPANY

Applicant

- and -

PARAGON HEALTH CARE INC. and 1508669 ONTARIO LIMITED

Respondents

APPLICATION UNDER section 47 of Bankruptcy and Insolvency Act, R.S.C. 1985, c. B-3, and under section 101 of the Courts of Justice Act, R.S.O. 1990, c. C.43

ORDER

THIS MOTION, made by the Applicant for an Order pursuant to section 47(1) of the *Bankruptcy and Insolvency Act*, R.S.C. 1985, c. B-3, as amended (the "BIA") and section 101 of the Courts of Justice Act, R.S.O 1990 c. C-43, as amended (the "CJA") appointing Mintz & Partners Limited ("Mintz") as interim receiver and receiver and

manager (in such capacities, the "Receiver") without security, of all of the assets, undertakings and properties of Paragon Health Care Inc. ("Paragon") and 1508669 Ontario Limited ("150 Ontario") was heard this day at 393 University Avenue, Toronto, Ontario.

ON READING the affidavit of James Dysart sworn January 13, 2006 and the Exhibits thereto and on hearing the submissions of counsel for the Applicant and the Respondents, no one appearing for the persons referenced in the Service List appended hereto as **Appendix "A"**, although duly served as appears from the affidavit of service of Carla Clarizia sworn January 17, 2006 (the "Affidavit of Service") and on reading the consent of Mintz to act as the Receiver,

SERVICE AND AMENDMENT

1. **THIS COURT ORDERS** that the time for service of the Notice of Application and the Application Record is hereby abridged so that this motion is properly returnable today, service upon those parties described in the Affidavit of Service is hereby validated and any further service of the Notice of Application and Application Record is hereby dispensed with.

2. **THIS COURT ORDERS** that Paragon Health Care (Ontario) Inc. ("Paragon Ontario") be added as a respondent to these proceedings.

APPOINTMENT

3. **THIS COURT ORDERS** that pursuant to section 47(1) of BIA and section 101 of the CJA, effective 9:00 a.m. Eastern Standard Time January 24, 2006, Mintz is hereby appointed Receiver, without security, of all of the current and future assets, undertakings and properties of Paragon, 150 Ontario and Paragon Ontario (collectively, the "Debtors"), of every nature and kind whatsoever, and wherever situate, including all proceeds thereof (the "Property"), including, without limitation, the real property described in **Appendix "B"** hereto.

RECEIVER'S POWERS

4. **THIS COURT ORDERS** that the Receiver is hereby empowered and authorized, but not obligated, to act at once in respect of the Property and, without in any way limiting the generality of the foregoing, the Receiver is hereby expressly empowered and authorized to do any of the following where the Receiver considers it necessary or desirable:

(a) to take possession and control of the Property and any and all proceeds, receipts and disbursements arising out of or from the Property;

(b) to receive, preserve, protect and maintain control of the Property, or any part or parts thereof, including, but not limited to, the changing of locks and security codes, the relocating of Property to safeguard it, the engaging of independent security personnel, the taking of physical inventories and the placement of such insurance coverage as may be necessary or desirable;

(c) to manage, operate and carry on the business of the Debtors, including the powers to enter into any agreements, incur any obligations in the ordinary course of business, cease to carry on all or any part of the business or cease to perform any contracts of the Debtors;

(d) to engage consultants, appraisers, agents, experts, auditors, accountants, managers, counsel and such other persons from time to time and on whatever basis, including on a temporary basis, to assist with the exercise of the powers and duties conferred by this Order, including, without limitation, Diversicare Canada Management Services Co., Inc., or such other third party operator as the Receiver may in its discretion designate (the "Manager");

(e) to purchase or lease such machinery, equipment, inventories, supplies, premises or other assets to continue the business of the Debtors or any part or parts thereof;

(f) to receive and collect all monies and accounts now owed or hereafter owing to the Debtors and to exercise all remedies of the Debtors in collecting such monies, including, without limitation, to enforce any security held by the Debtors and to collect any payments or subsidies from the Ontario Ministry of Health and Long Term Care (the "MOH") and any municipalities, provided, however, that notwithstanding anything herein contained, any monies received by the Receiver from the MOH pursuant to this Order shall be used or applied by the Receiver only in accordance with the operation of the Debtors' nursing homes which are currently licensed pursuant to the *Nursing Homes Act,* R.S.O. 1990, c. N-7, as amended and the regulations thereunder (the "NHA") and related policy (and which amounts will be subject to MOH review and reconciliation as provided for by applicable law);

(g) to settle, extend or compromise any indebtedness owing to the Debtors;

(h) to execute, assign, issue and endorse documents of whatever nature in respect of any of the Property, whether in the Receiver's name or in the name and on behalf of the Debtors, for any purpose pursuant to this Order;

(i) to undertake environmental or workers' health and safety assessments of the Property and operations of the Debtors;

(j) to undertake such repairs and improvements to the Property as the Receiver may, in its discretion, deem appropriate or the MOH may require;

(k) to apply for such permits, licenses, approvals or permissions as may be required by any governmental authority with respect to the Property, including, without limitation, licenses under the NHA;

(l) to initiate, prosecute and continue the prosecution of any and all proceedings and to defend all proceedings now pending or hereafter instituted with respect to the Debtors, the Property or the Receiver, and to

settle or compromise any such proceedings, including, without limitation, any grievances or other labour disputes. The authority hereby conveyed shall extend to such appeals or applications for judicial review in respect of any order or judgment pronounced in any such proceeding;

(m) to market any or all of the Property, including advertising and soliciting offers in respect of the Property or any part or parts thereof and negotiating such terms and conditions of sale as the Receiver in its discretion may deem appropriate;

(n) to sell, convey, transfer, lease or assign the Property or any part or parts thereof out of the ordinary course of business,

(i) without the approval of this Court in respect of any transaction not exceeding $50,000, provided that the aggregate consideration for all such transactions does not exceed $200,000; and

(ii) with the approval of this Court in respect of any transaction in which the purchase price or the aggregate purchase price exceeds the applicable amount set out in the preceding clause,

and in each such case notice under subsection 63(4) of the Ontario *Personal Property Security Act* or section 31 of the Ontario *Mortgages Act*, as the case may be, shall not be required, and in each case the Ontario *Bulk Sales Act* shall not apply.

(o) to apply for any vesting order or other orders necessary to convey the Property or any part or parts thereof to a purchaser or purchasers thereof, free and clear of any liens or encumbrances affecting such Property;

(p) to report to, meet with and discuss with such secured and unsecured creditors of the Debtors and their advisors as the Receiver deems appropriate on all matters relating to the Property and the receivership,

and to share information, subject to such terms as to confidentiality as the Receiver deems advisable;

(q) to register a copy of this Order and any other Orders in respect of the Property against title to any or all of the Property;

(r) to apply for any permits, licences, approvals or permissions as may be required by any governmental authority and any renewals thereof for and on behalf of and, if thought desirable by the Receiver, in the name of the Debtors;

(s) to enter into arrangements with any trustee in bankruptcy appointed in respect of the Debtors, including, without limiting the generality of the foregoing, the ability to enter into occupation agreements for any property owned or leased by the Debtors and the power to lend money to or indemnify any such trustee, such trustee borrowings or indemnity not to exceed $25,000 unless otherwise increased by this Court;

(t) to vote any shares and exercise any rights which the Debtors may have as shareholder and to otherwise deal with all securities, warrants or other interests held by the Debtors, for its benefit; and,

(u) to take any steps reasonably incidental to the exercise of these powers,

and in each case where the Receiver takes any such actions or steps, it shall be exclusively authorized and empowered to do so, to the exclusion of all other Persons, including the Debtors, and without interference from any other Person.

DUTY TO PROVIDE ACCESS AND CO-OPERATION TO THE RECEIVER

5. **THIS COURT ORDERS** that (i) the Debtors, (ii) all of their current and former directors, officers, employees, agents and shareholders, any other persons acting on their instructions or behalf including, without limitation, any accountants

or legal counsel, and (iii) all other individuals, firms, corporations, governmental bodies or agencies, or other entities having notice of this Order (all of the foregoing, collectively, being "Persons" and each being a "Person") shall forthwith advise the Receiver of any Property in such Person's possession or control, shall grant immediate and continued access to the Property to the Receiver, and shall deliver all such Property to the Receiver upon the Receiver's request, other than documents or information which may not be disclosed or provided to the Receiver due to the privilege attaching to solicitor-client communication or due to statutory provisions prohibiting such disclosure.

6. **THIS COURT ORDERS** that all Persons shall deliver to the Receiver all of the Debtors' books, documents, securities, contracts, orders, corporate and accounting records and all computer records, computer programs, computer tapes, computer disks, data storage media and programs containing any such information, and any other papers, records and information of any kind of the Debtors relating thereto in their possession or control (the foregoing, collectively, the "Records"), and shall provide to the Receiver or permit the Receiver to make, retain and take away copies thereof and grant to the Receiver access to and use of accounting, computer, software and physical facilities relating thereto.

7. **THIS COURT ORDERS** that if any Records are stored or otherwise contained on a computer or other electronic system of information storage, whether by independent service provider or otherwise, all Persons in possession or control of such Records shall forthwith give unfettered access to the Receiver for the purpose of allowing the Receiver to obtain access to, recover and fully copy all of the information contained therein whether by way of printing the information onto paper or making copies of computer disks or such other manner of retrieving and copying the information as the Receiver in its discretion deems expedient, and shall not alter, erase or destroy any Records without the prior written consent of the Receiver. Further, for the purposes of this paragraph, all Persons shall provide the Receiver with all such assistance in gaining immediate access to the information in the Records as the Receiver may in its discretion require including,

without limiting the generality of the foregoing, providing the Receiver with instructions on the use of any computer or other system and providing the Receiver with any and all access codes, account names and account numbers that may be required to gain access to the information.

NO PROCEEDINGS AGAINST THE RECEIVER

8. **THIS COURT ORDERS** that no proceeding, enforcement process, or extra-judicial proceeding in any court or other tribunal (each, a "Proceeding"), shall be commenced or continued against the Receiver or any person engaged by the Receiver, including the Manager, except with the written consent of the Receiver or with leave of this Court.

NO PROCEEDINGS AGAINST THE DEBTORS OR THE PROPERTY

9. **THIS COURT ORDERS** that no Proceeding against or in respect of the Debtors or the Property shall be commenced or continued except with the written consent of the Receiver or with leave of this Court and any and all Proceedings currently under way against or in respect of the Debtors or the Property are hereby stayed and suspended pending further Order of this Court.

NO EXERCISE OF RIGHTS OR REMEDIES

10. **THIS COURT ORDERS** that all rights and remedies against the Debtors or affecting the Property are hereby stayed and suspended pending written consent of the Receiver or leave of this Court, provided, however, that nothing in this paragraph or this Order shall:

    (a) empower the Receiver or the Debtors to carry on any business which the Debtors are not lawfully entitled to carry on;

    (b) exempt the Receiver or the Debtors from compliance with statutory or regulatory provisions relating to health, safety or the environment, or other mandatory statutory or regulatory provisions of applicable law, and, for greater certainty, this Order shall not be construed so as to prohibit,

restrain, impede or in any way interfere with the MOH , the Director under the NHA, or employees or agents of the MOH (collectively, the "Minister") in exercising any jurisdiction, duty, power, or authority granted under the NHA or the *Health Facilities Special Orders Act*, R.S.O. 1990, c. H.5, as amended, without further order of this Court or the written consent of the Receiver (including, without limitation, the right to suspend a licence, to take control of a home, or to terminate a service agreement), where it has been determined by the Minister to be necessary to protect the health, safety and welfare of residents, and any such exercise by the Minister shall not in any way diminish or derogate from the protections against liabilities afforded to the Receiver under this Order, or under the provision of the BIA, or at law or equity; or,

(c) prevent the filing of any registration to preserve a security interest or a claim for lien.

NO INTERFERENCE WITH THE RECEIVER

11. **THIS COURT ORDERS** that no Person shall discontinue, fail to honour renewal rights, alter, interfere with, repudiate, terminate or cease to perform any right, contract, arrangement, agreement, licence or permit in favour of or held by the Debtors, without written consent of the Receiver or leave of this Court, and, without limiting the generality of the foregoing, the MOH is hereby directed to make all payments of funds to which the Debtors are entitled directly to the Receiver and the MOH shall not suspend, cancel or set-off such payments without further order of this Court, provided, however, that nothing in this paragraph shall exempt the Receiver or the Debtors from compliance with statutory or regulatory provisions relating to health, safety or the environment, or other mandatory statutory or regulatory provisions of applicable law from and after the date of this order.

CONTINUATION OF SERVICES

12. **THIS COURT ORDERS** that all Persons having oral or written agreements with the Debtors or statutory or regulatory mandates for the supply of goods and/or services, including without limitation, all computer software, communication and other data services, centralized banking services, payroll services, insurance, transportation services, utility or other services to the Debtors are hereby restrained until further Order of this Court from discontinuing, failing to honour renewal rights on reasonable terms, altering, interfering with or terminating the supply of such goods or services as may be required by the Receiver, and that the Receiver shall be entitled to the continued use of the Debtors' current telephone numbers, facsimile numbers, internet addresses and domain names, provided in each case that the normal prices or charges for all such goods or services received after the date of this Order are paid by the Receiver in accordance with normal payment practices of the Debtors or such other practices as may be agreed upon by the supplier or service provider and the Receiver, or as may be ordered by this Court.

RECEIVER TO HOLD FUNDS

13. **THIS COURT ORDERS** that all funds, monies, cheques, instruments, and other forms of payments received or collected by the Receiver ("Receipts") from and after the making of this Order from any source whatsoever, including, without limitation, the sale of all or any of the Property and the collection of any accounts receivable in whole or in part, whether in existence on the date of this Order or hereafter coming into existence, shall be deposited into one or more new accounts to be opened by the Receiver (the "Post Receivership Accounts") and the monies standing to the credit of such Post Receivership Accounts from time to time, net of any disbursements provided for herein, shall be held by the Receiver to be paid in accordance with the terms of this Order or any further Order of this Court.

EMPLOYEES

14. **THIS COURT ORDERS** that the Receiver shall not be liable for any non-unionized employee-related liabilities, including, without limitation, wages, severance pay, termination pay, vacation pay, and pension or benefit amounts, other than such amounts as the Receiver may specifically agree in writing to pay, or such amounts as may be determined in a Proceeding before a court or tribunal of competent jurisdiction.

15. **THIS COURT ORDERS** that the Receiver shall not be liable for any unionized employee-related liabilities, including, without limitation, wages, severance pay, termination pay, vacation pay, and pension or benefit amounts, other than in accordance with the terms of the agreements appended as to the Supplementary Affidavit of James Dysart (the "Labour Agreements"), which Mintz is hereby authorized to execute in its capacity as Receiver and, if applicable, Trustee in Bankruptcy, and, for greater certainty, leave shall not be granted to any person, pursuant to s. 215 of the BIA, to commence proceedings against the Receiver or, if applicable, the Trustee in Bankruptcy, in respect of matters forming the subject matter of the Labour Agreements, other than in accordance with the terms thereof.

16. **THIS COURT ORDERS** that, pursuant to clause 7(3)(c) of the Canadian *Personal Information Protection and Electronic Documents Act*, the Receiver shall disclose personal information of identifiable individuals to prospective purchasers or bidders for the Property and to their advisors, but only to the extent desirable or required to negotiate and attempt to complete one or more sales of the Property (each, a "Sale"). Each prospective purchaser or bidder to whom such personal information is disclosed shall maintain and protect the privacy of such information and limit the use of such information to its evaluation of the Sale, and if it does not complete a Sale, shall return all such information to the Receiver, or in the alternative destroy all such information. The purchaser of any Property shall be entitled to continue to use the personal information provided to

it, and related to the Property purchased, in a manner which is in all material respects identical to the prior use of such information by the Debtors, and shall return all other personal information to the Receiver, or ensure that all other personal information is destroyed.

LIMITATION ON ENVIRONMENTAL LIABILITIES

17. **THIS COURT ORDERS** that nothing herein contained shall require or obligate the Receiver to occupy or to take control, care, charge, occupation, possession or management of any of the Property which may be environmentally contaminated, or a pollutant or a contaminant, or cause or contribute to a spill, discharge, release or deposit of a substance contrary to any federal, provincial or other legislation, statute, regulation or rule of law or equity respecting the protection, conservation, enhancement, remediation or rehabilitation of the environment or relating to the disposal of waste or other contamination including, without limitation, the Canadian *Environmental Protection Act*, the Ontario *Environmental Protection Act*, the *Ontario Water Resources Act*, or the Ontario *Occupational Health and Safety Act* and regulations thereunder (the "Environmental Legislation"), provided however that the Receiver shall promptly advise the Ontario Ministry of the Environment of any obvious or known environmental condition existing on or in any of the Property in accordance with applicable Environmental Legislation.

RECEIVER'S ACCOUNTS

18. **THIS COURT ORDERS** that any expenditure or liability which shall properly be made or incurred by the Receiver, including (subject to the approval of the Court) the fees of the Receiver and the fees and disbursements of its legal counsel, incurred at the normal rates and charges of the Receiver and its counsel (the "Receiver's Operating Costs"), shall be allowed to it in passing its accounts and shall form a first charge on the Property in priority to all security interests, trusts, liens, charges and encumbrances, statutory or otherwise, in favour of any

Person, including, without limitation, the security interest of Peoples Trust Company (the "Receiver's Charge").

19. **THIS COURT ORDERS** the Receiver and its legal counsel shall pass its accounts from time to time, and for this purpose the accounts of the Receiver and its legal counsel are referred to a judge of the Commercial List of the Ontario Superior Court of Justice.

20. **THIS COURT ORDERS** that prior to the passing of its accounts, the Receiver shall be at liberty from time to time to apply reasonable amounts, out of the monies in its hands, against its fees and disbursements, including legal fees and disbursements, incurred at the normal rates and charges of the Receiver or its counsel, and such amounts shall constitute advances against its remuneration and disbursements when and as approved by this Court.

FUNDING OF THE RECEIVERSHIP

21. **THIS COURT ORDERS** that the Receiver be at liberty and it is hereby empowered to borrow by way of a revolving credit or otherwise, such monies from time to time as it may consider necessary or desirable, provided that the outstanding principal amount does not exceed $750,000 (or such greater amount as this Court may by further Order authorize) at any time, at such rate or rates of interest as it deems advisable for such period or periods of time as it may arrange, for the purpose of funding the exercise of the powers and duties conferred upon the Receiver by this Order, including interim expenditures. The whole of the Property shall be and is hereby charged by way of a fixed and specific charge (the "Receiver's Borrowings Charge") as security for the payment of the monies borrowed, together with interest and charges thereon, in priority to all security interests, trusts, liens, charges and encumbrances, statutory or otherwise, in favour of any Person, but subordinate in priority to the Receiver's Charge.

22. **THIS COURT ORDERS** that neither the Receiver's Borrowings Charge nor any other security granted by the Receiver in connection with its borrowings under this Order shall be enforced without leave of this Court.

23. **THIS COURT ORDERS** that the Receiver is at liberty and authorized to issue certificates substantially in the form annexed as **Appendix "C"** hereto (the "Receiver's Certificates") for any amount borrowed by it pursuant to this Order.

24. **THIS COURT ORDERS** that the monies from time to time borrowed by the Receiver pursuant to this Order or any further order of this Court and any and all Receiver's Certificates evidencing the same or any part thereof shall rank on a pari passu basis.

LIMITATION ON THE RECEIVER'S LIABILITY

25. **THIS COURT ORDERS** that the liability that the Receiver may incur as a result of its appointment or as a result of the performance of its duties hereunder other than the Receiver's Operating Costs or any liability arising as a result of its gross negligence or wilful misconduct (the "Receiver's Liabilities"), shall be limited in the aggregate to the Net Realizable Value of the Property. The Net Realizable Value of the Property shall be the proceeds realized in cash from the disposition of the Property after the Receiver's Operating Costs, including monies borrowed hereunder, have been paid.

26. **THIS COURT ORDERS** that the Receiver's Liabilities shall form a charge on the Net Realizable Value of the Property (the "Receiver's Liability Charge") subordinate to the Receiver's Charge and the Receiver's Borrowings Charge.

GENERAL

27. **THIS COURT ORDERS** that the Receiver may from time to time apply to this Court for advice and directions in the discharge of its powers and duties hereunder.

28. **THIS COURT HEREBY REQUESTS** the aid and recognition of any court, tribunal, regulatory or administrative body having jurisdiction in Canada or in the United States or elsewhere to give effect to this Order and to assist the Receiver and its agents in carrying out the terms of this Order. All courts, tribunals, regulatory and administrative bodies are hereby respectfully requested to make such orders and to provide such assistance to the Receiver, as an officer of this Court, as may be necessary or desirable to give effect to this Order or to assist the Receiver and its agents in carrying out the terms of this Order.

29. **THIS COURT ORDERS** that the Receiver be at liberty and is hereby authorized and empowered to apply to any court, tribunal, regulatory or administrative body, wherever located, for the recognition of this Order and for assistance in carrying out the terms of this Order.

30. **THIS COURT ORDERS** that the Applicant shall have its costs of this motion, up to and including entry and service of this Order, as provided for by the terms of the Plaintiff's security or, if not so provided by the Plaintiff's security, then on a substantial indemnity basis.

31. **THIS COURT ORDERS** that any interested party may apply to this Court, within 30 days of mailing to them of a copy of this Order, to vary or amend this Order on seven (7) days' notice to the Receiver and to any other party likely to be affected by the order sought or upon such other notice, if any, as this Court may order.

JOSEPH P VAN TASSEL
REGISTRAR

ENTERED AT / INSCRIT À TORONTO
ON / BOOK NO:
LE / DANS LE REGISTRE NO:

JAN 24 2006

PER/PAR:

APPENDIX "A"

SERVICE LIST

TO: **PARAGON HEALTH CARE INC.**
3595 Keele Street
Toronto, Ontario
M3J 1M7

Attention: Gerald Harquail, President

AND TO: **1508669 ONTARIO LIMITED**
103-111 Pelham Road
St. Catherines, Ontario
L2S 1S9

Attention: Gerald Harquail, President

AND TO: **SACK GOLDBLATT MITCHELL**
Suite 1130, Box 180
20 Dundas St. W.
Toronto, Ontario
M5G 2G8

Attention: Michael Kainer
Tel: (416) 977-6070
Fax: (416) 591-7333

Solicitors for Service Employees International Union, Local 1.on, Canadian Union of Public Employees and its Local 1263 and the Nursing Homes and Related Industries Pension Plan

AND TO: **MINISTRY OF FINANCE, Insolvency Unit**
33 King Street West, 6th Floor
Oshawa, Ontario
L1H 8H5

AND TO: **DEPARTMENT OF JUSTICE (CANADA)**
Ontario Regional Office
The Exchange Tower, Box 36
130 King Street West, Suite 3400
Toronto, Ontario
M5X 1K6

Attention: Diane Winters
Tel: (416) 973-3172
Fax: (416) 973-0810

AND TO: **LANG MICHENER LLP**
BCE Place, P.O. Box 747
Suite 2500, 181 Bay Street
Toronto, Ontario
M5J 2T7

Attention: Les Wittlin
Tel: (416) 360-8600
Fax: (416) 365-1719

Solicitors for Mintz & Partners Limited

AND TO: **Ginette Harquail**
c/o Paragon Health Care Inc.
3595 Keele Street
Toronto, Ontario
M3J 1M7

AND TO: **MINISTRY OF HEALTH AND LONG TERM CARE**
56 Wellsley Street West, 9th Floor
Toronto, Ontario
M7A 2J9

Attention: Tim Burns, Director, Long Term Care Homes Branch

AND TO: **CAPPELLACCI DAROZA LLP**
462 Wellington Street West, Suite 500
Toronto, Ontario
M5V 1E3

Attention: Ernest J. Cappellacci
Tel: 416-955-9500
Fax: 416-955-9503

Solicitors for Diversicare

APPENDIX "B"

LEGAL DESCRIPTIONS OF PROPERTY

Part Lot 17, Concession 3, W.Y.S., Township of York, designated as Part 1, Plan 64R-9597, City of Toronto, Property Identifier Number 10181-0039(LT), municipally known as 3595 Keele Street, Toronto, Ontario.

Lots 814-819 and 857-861, TP Plan 94 Grantham, City of St. Catharines, Property Identifier Number 46172-0268(LT) municipally known as 103-111 Pelham Road, St. Catharines, Ontario and Lots 738-739, TP Plan 94, Grantham, City of St. Catharines, Property Identifier Number 46172-0309(LT), municipally known as 34-36 Whitworth Street, St. Catharines, Ontario.

APPENDIX "C"

RECEIVER CERTIFICATE

CERTIFICATE NO. _____

AMOUNT $_____

1. THIS IS TO CERTIFY that [RECEIVER'S NAME], the interim receiver and receiver and manager (the "Receiver") of all of the assets, undertakings and properties of [DEBTOR'S NAME] appointed by Order of the Ontario Superior Court of Justice (the "Court") dated the ___ day of _____, 2006 (the "Order") made in an action (the "Action") having Court file number 06-CL-_____, has received as such Receiver from the holder of this certificate (the "Lender") the principal sum of $_____, being part of the total principal sum of $_____ which the Receiver is authorized to borrow under and pursuant to the Order.

2. The principal sum evidenced by this certificate is payable on demand by the Lender with interest thereon calculated and compounded [daily][monthly not in advance on the _____ day of each month] after the date hereof at a notional rate per annum equal to the rate of _____ per cent above the prime commercial lending rate of Bank of _____ from time to time.

3. Such principal sum with interest thereon is, by the terms of the Order, together with the principal sums and interest thereon of all other certificates issued by the Receiver pursuant to the Order or to any further order of the Court, a charge upon the whole of the Property (as defined in the Order), in priority to the security interests of any other person, but subject to the priority of the charges set out in the Order, and the right of the Receiver to indemnify itself out of such Property in respect of its remuneration, expenses and liabilities.

4. All sums payable in respect of principal and interest under this certificate are payable at the main office of the Lender at Toronto, Ontario.

5. Until all liability in respect of this certificate has been terminated, no certificates creating charges ranking or purporting to rank in priority to this certificate shall be issued by the Receiver to any person other than the holder of this certificate without the prior written consent of the holder of this certificate.

6. The charge securing this certificate shall operate so as to permit the Receiver to deal with the Property (as defined in the Order) as authorized by the Order and as authorized by any further or other order of the Court.

7. The Receiver does not undertake, and it is not under any personal liability, to pay any sum in respect of which it may issue certificates under the terms of the Order.

DATED the _____ day of _____, 2006.

[RECEIVER'S NAME], solely in its capacity as Receiver of the Property (as defined in the Order), and not in its personal capacity

Per: _____

Name:

Title:

TOR_LAW\ 6220395\1

Court File No.: 06-CL-6233

B E T W E E N:

PEOPLES TRUST COMPANY **Applicant**	**- AND-**	**PARAGON HEALTH CARE INC. and 1508669 ONTARIO LIMITED** **Respondents**

APPLICATION UNDER section 47 of the *Bankruptcy and Insolvency Act*, R.S.C. 1985, c. B-3, and under section 101 of the *Courts of Justice Act*, R.S.O. 1990, c. C.43

ONTARIO
SUPERIOR COURT OF JUSTICE
(Commercial List)

PROCEEDING COMMENCED AT TORONTO

ORDER

GOWLING LAFLEUR HENDERSON LLP
Barristers and Solicitors
Suite 1600, 1 First Canadian Place
100 King Street West
TORONTO, Ontario
M5X 1G5

Massimo C. Starnino (LSUC # 41048G)
Tel: (416) 862-3630
Fax: (416) 863-3630

Solicitors for Peoples Trust Company

TOR_LAW\ 6210777\1

TAB B

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Follow up - Annual Follow-up to 2008 Annual Review / Special Visits 2008 August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	4 of 4

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	outcomes shall be documented in each resident's health record. Criterion was not met as evidenced by: • Quarterly reviews did not consistently provide an evaluation of care and services for several identified residents. • Quarterly reviews were not conducted for identified residents.		before they are filed and return to appropriate party for corrective action. Responsibility: DOC		

This is **Appendix "B"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Ontario

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

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 325-9660
1-866-311-8002
Fax: (416) 327-4486

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 Toronto

55, avenue St. Clair ouest, 8e étage
Toronto ON M4V 2Y7
Téléphone : (416) 325-9660
1-866-311-8002
Télécopieur : (416) 327-4486

Remote Offices:
Performance Improvement and Compliance Branch

3rd Floor
465 Davis Drive
Newmarket ON L3Y 8T2 1-800-486-4935
Fax : 1-905-954-4702

34 Simcoe Street
Barrie ON L4N 6T4 Fax : 1-705-739-6473

NOV 2 3 2009

Ms. Heather Colyer
Administrator
Casa Verde Health Centre
3595 Keele Street
North York, ON M3J 1M7

Dear Ms. Colyer:

Please find enclosed the Long-Term Care Home Review Summary Report for the review of care and services conducted on **August 25, 26, 27, 28, 31; September 8, 9, 2009.**

This **Annual** report must be posted for public viewing in a conspicuous place in your Nursing Home, in accordance with Section 123(a) of the *Nursing Homes Act and Regulation 832.*

I would like to remind you that under the *Freedom of Information and Protection of Privacy Act,* all information retained by the Ministry of Health and Long-Term Care relating to your home is subject to public release.

A copy of the report must be available without charge to any resident of the home upon request. The report will also be on file with the Health System Accountability and Performance Division, Performance Improvement and Compliance Branch, Toronto Service Area Office.

Thank you for your co-operation.

Yours truly,

Saran Daniel-Dodd, R.N.
Compliance Advisor

/am
Encl:
c: Legislative Library
Concerned Friends
OLTCA
OANHSS
CCAC
Compliance Advisor

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Ontario

Long-Term Care Home Review Report

Rapport d'inspection d'un foyer de soins de longue durée

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

Casa Verde Health Centre
3595 Keele Street
North York, ON M3J 1M7

Governing body/Organisme responsable

Paragon Health Care Inc.

Administrator/Directeur général/directrice général

Ms. Heather Colyer

Approved capacity/Nombre de lits autorisés

252

Type of review/Genre d'inspection	Review date/Date de l'inspection
ANNUAL	AUGUST 25, 26, 27, 28, 31; September 8, 9, 2009

Long-Term Care Home Review Report

The mandate of the Ministry of Health and Long -Term Care is to ensure that residents in Ontario Long-Term Care Homes receive quality care and services.

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Home Review Program** to monitor the quality of resident care and services. Where Long-Term Care Homes do not meet Ministry standards, as determined by reviews, the home is expected to correct any unmet standards or criteria.

The Performance Improvement and Compliance Branch of the Ministry of Health and Long-Term Care conducts ongoing quality of care reviews in all Long-Term Care Homes throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the home's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care homes

Any inquiries related to this program may be directed to:

Manager
Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Toronto Service Area Office
55 St. Clair Ave, West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 212-0934
Facsimile: (416) 327-4486

Rapport d'inspection d'un foyer de soins de longue durée

Le mandat du ministère de la Santé et des Soins de longue durée est d'assurer aux pensionnaires des foyers de soins de longue durée de l'Ontario des soins et des services de qualité.

Afin d'atteindre cet objectif, le ministère a mis en place son **Programme d'inspections des foyers de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les foyers de soins de longue durée. Si, selon les inspections, les foyers de soins de longue durée ne se conforment pas aux normes établies par le ministère, ceux-ci deviennent donc responsables pour la correction des normes et critères non-respectés.

La Direction de l'amélioration de la performance et de la conformité du ministère de la Santé et des soins de longue durée effectue régulièrement des inspections sur la qualité des soins dans tous les foyers de soins de longue durée.

Le **Rapport sur les cas de non-conformité aux normes et aux critères** donne les résultats de l'inspection du ministère et le plan du foyer de soins de longue durée en ce qui a trait aux mesures correctives à prendre. Ce rapport est un document public et doit être affiché bien en vue dans le foyer de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
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 Toronto
55, avenue St. Clair ouest, 8e étage
Toronto ON M4V 2Y7
Téléphone: (416) 212-0934
Télécopier: (416) 327-4486

LTC HOME REVIEW SUMMARY REPORT

Definition of Terms

The monitoring and evaluation process is based on the standards and criteria contained in the Long-Term Care Home Program Manual. Each Home has a copy which the public may request to view.

The reviewer considers the following factors in concluding that a standard or criteria has not been met:

- Conditions have been observed that pose actual or potential serious risks to a resident's health, welfare or rights; and/or
- Conditions have been observed that are not as serious but are prevalent or recurring; and/or
- The Home has not made successful efforts to initiate corrective action; and/or
- Conditions have been identified during previous reviews, but have not been corrected within the negotiated time frame for corrective action.

STANDARD MET

All criteria that were reviewed relating to the identified standard were found to meet the expectations.

STANDARD NOT MET

One or more criteria that were reviewed relating to the identified standards, did not meet the expectations; and the identified deficiencies met the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA or AREA OF NON-COMPLIANCE.

REFERRAL MADE TO
(appropriate discipline specified)

Criteria reviewed relating to the identified standard may or may not meet the expectations.

Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance.

A REPORT OF UNMET STANDARD OR CRITERIA may or may not be issued.

LONG-TERM CARE HOME REVIEW SUMMARY REPORT	
Long-Term Care Home:	**Casa Verde Health Centre**
Date of Review:	**August 25, 26, 27, 28, 31. September 8, 9, 2009**
Type of Review:	**Annual Review**

Updates on any care, programs and services being provided by the home:

The following changes in staff appointments has occurred since the last Annual Review:

- **Director of Care, Valrie Lewin**
- **Food Services Supervisor, Oliver Grisoni**
- **Nurse Manager, Colleen Richards**
- **RAI Coordinator, Nadiya Koval**

All or some criteria related to the following standards were reviewed. Comments in the right column reflect the status of the standards at the time of the review AND ARE BASED ONLY ON CRITERIA WHICH WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.

STANDARD	COMMENTS
Resident Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	**Standard Not Met** **A1.18 Issued** **Restraint use shall be documented for the period it is in use. At a minimum, there shall be a record of the time of application and removal as well as the resident's response.** • **Examples discussed throughout review.**
There is a home-specific written admission agreement in place to delineate the accommodation, care, services, programs and goods that will be provided to the resident and, the obligations of the resident with respect to their responsibilities and payment for service.	**Standard Met**

There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	Standard Not Met B5.3 Re-issued The evaluation of care and services and care outcomes shall be documented in each resident's health record. Criterion not met as evidenced by: • Examples discussed throughout the review.
All significant information about each resident is documented in his/her record.	Standard Met
Nursing Services	
There is an organized program of nursing services to meet residents' nursing and personal care needs, consistent with the professional standards of practice of the College of Nurses of Ontario.	Standard Not Met C1.13 Issued Self-administration of medications by residents shall be permitted when specifically ordered by the physician in consultation with the care team. Criterion not met as evidenced by: • Examples discussed throughout the review.
Staff Education	
There is an organized orientation program that responds to the learning needs of new staff.	Standard Met
There is an organized in-service education program that responds to the assessed learning needs of staff.	Standard Met
Recreation and Leisure Services	
There are recreation and leisure services organized to provide age-appropriate recreation, leisure, and education opportunities based on and responsive to the abilities, strengths, needs, interests and former lifestyle of the residents.	Standard Met

Other programs/services provided by the home are organized to provide services to respond to residents' identified needs/preferences.	Standard Met
Home Organization and Administration	
The program and resources of the home are organized to effectively manage the home and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives.	Standard Met
There is a comprehensive, co-ordinated, home-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the home.	Standard Met
There are co-ordinated risk management activities designed to reduce and control actual or potential risks to the safety, security, welfare and health of individuals or to the safety and security of the home.	Standard Not Met B3.16 Issued Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment. Criterion not met as evidenced by: • Examples discussed throughout the review. M3.23 Re-issued All staff shall participate in the facility-wide infection control program and shall be made aware of and practice measures to prevent or minimize the spread of infection. Criterion not met as evidenced by: • Examples discussed throughout the review.

	Criterion not met as evidenced by: • Examples discussed throughout the review.
Diagnostic Services	
The home makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	Standard Met
Pharmacy Services	
There is an organized program for the provision of pharmacy services to meet the residents' identified needs.	Standard Met
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the home's pharmacy program and services.	Standard Met
The prescription ordering and transmission of orders support the safe provision of drugs to residents.	Standard Met
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	Standard Met
A system of records for receipt and disposition of all drugs received by the home is maintained in sufficient detail to enable accurate tracking, reconciliation and auditing, in accordance with applicable legislation.	Standard Met
All drugs and biologicals are stored under proper conditions of sanitation,	Standard Met

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	1 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	The following unmet standards/criterion were issued during the 2009 Annual Review and will be followed up:				
A1.18	Restraint use shall be documented for the period it is in use. At a minimum, there shall be a record of the time of application and removal as well as the resident's response. Criterion not met as evidenced by: • Restraint observation records were inconsistently completed for several identified residents over two-month duration. • Examples discussed throughout review.	2009/09/09	All staff involved for those identified residents will be disciplined. General staff meeting held September 11, 2009 with 96 staff in attendance and policy reviewed again Memo sent to all units for staff to review DOC/ADOC to check for compliance with policy. A compliance checklist will be created for use by all charge nurses and will include all areas of compliance for the unit. These must be submitted for review at the end of each shift DOC and ADOC will conduct compliance walkabouts with each registered staff to demonstrate method of review. Compliance checklists will be submitted to DOC at the end of each shift and deficiencies to be followed up. DOC/ADOC make rounds twice per shift to monitor compliance with policy Continued non-compliance with policy will be dealt with via progressive discipline.	2009/09/15	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	2 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Responsibility: **Admin/DOC/ADOC**		
B1.7	**Each resident's bowel and bladder functioning including individual routines and the resident's level of continence, shall be reassessed at least quarterly; and reassessed when there is any change in the resident's health status that affects continence.** **Criterion not met as evidenced by:** **• Bowel and bladder functioning were not reassessed on a quarterly basis for both continent and incontinent residents.** **• Examples were discussed throughout the review.**	2009/10/31	**New continence assessment were completed for every resident who has been in the home longer than three months. Residents who have been admitted in the last three months will have an assessment done for this quarter since they are completed on admission. This way, when every resident's quarter review comes up a baseline has been set.** **Staff inserviced re quarterly continence assessments and this tool added to the quarterly review package to which all registered staff can refer.** **Continence assessments done online – DOC able to view reports at any time as an audit tool to ensure quarterly assessments are completed.** **Continued non-compliance with policy will be dealt with via progressive discipline.** **Responsibility:** **Nursing Team/DOC**	2009/09/15	Accepted
B2.9	**Each resident who has been identified as bladder incontinent shall have an individualized program of continence care to promote.**	2009/10/31	**100% of careplans were audited and all were found to have toileting schedules (under the heading "Toileting") except 5 careplans for**	2009/10/31	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	3 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	comfort, maintenance of skin integrity, and prevention of infections. The program shall be documented in the resident's plan of care. Criterion not met as evidenced by" • Plans of care did not reflect individualized toileting routines for residents in relation to both bladder and bowel routines (B2:10).		residents who are not toileted for various reasons. In order to capture that an elimination schedule was being conducted, the staff have been incorrectly coding "Toileting Routine" in MDS. All nurses are currently in a learning phase of MDS. These 5 careplans will be corrected to indicate the elimination (changing) routine and schedule under the heading "Continence" and MDS coding "pads or briefs only" is coded in MDS. All registered staff involved in coding for MDS will be reinstructed regarding this procedure. Responsibility: DOC/ADOC/RAI Coord/ Registered Staff		
B3.16	Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment. Criterion not met as evidenced by: • Shower/bathroom left unlocked and unattended with solutions inside. • Observation of cleaning solutions and unprescribed medications left unattended in	2009/09/09	Shower room door latch was broken – had been entered in maintenance book and has since been repaired. Inservicing with staff to review the standard. Rounds are conducted twice each shift by DOC/ADOC to check for compliance with policy. A compliance checklist will be created for use by all charge nurses and will include all areas of compliance for the unit. These must be submitted for review at the end of each shift DOC and ADOC will conduct compliance	2009/09/25	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual August 25, 26, 27, 28, 31; September 8, 9, 2008	Nursing	2009/08/25 Number of Days 7	4 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	identified resident's rooms. • Clean linen carts were observed to be stored in resident's rooms with personal care solutions.		walkabouts with each registered staff to demonstrate method of review. Notice sent to all residents/POA's regarding appropriate storage of medications – all were informed that these items will b e removed from all resident rooms immediately and on an ongoing basis. Staff assigned on each unit to clear out all unauthorized substances and medications from each resident closet, bedside table and bathroom. On an ongoing basis PSW's will check resident drawers and closets on the resident's bath day and remove any further items found. Charge nurses will audit this daily via their compliance checklists which are reviewed daily by the DOC. Continued non-compliance by staff will be dealt with via progressive discipline. All involved personnel will be disciplined for failure to follow policy. Rounds are conducted twice each shift by DOC/ADOC to check for compliance with policy. A compliance checklist will be created for use by all charge nurses and will include all areas of compliance for the unit. These must be		

Home: 1041 /Visit: 2

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET	Annual	Nursing	2009/08/25	5 of 7
	NORTH YORK ON M3J 1M7	August 25, 26, 27, 28, 31; September 8, 9, 2009		Number of Days 7	

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			submitted for review at the end of each shift DOC and ADOC will conduct compliance walkabouts with each registered staff to demonstrate method of review. Compliance checklists will be submitted to DOC at the end of each shift and deficiencies to be followed up. Failure to follow this policy will result in progressive discipline. Responsibility: DOC/ADOC/Admin		
C1.13	Self-Administration of medications by residents shall be permitted when specifically ordered by the physician in consultation with the care team. Criterion not met as evidenced by: • Non- prescribed medications were observed in identified resident's rooms. • Self-administration order not on file for identified residents that are noted to self-administer non-prescribed medications. • Examples discussed throughout review.	2009/09/09	Notice sent to all residents/POA's regarding appropriate storage of medications – all were informed that these items will b e removed from all resident rooms immediately and on an ongoing basis. Staff assigned on each unit to clear out all unauthorized substances and medications from each resident closet, bedside table and bathroom. On an ongoing basis PSW's will check resident drawers and closets on the resident's bath day and remove any further items found. Charge nurses will audit this daily via their compliance checklists which are reviewed daily by the DOC.	2009/09/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	6 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Continued non-compliance by staff will be dealt with via progressive discipline. Casa Verde policy does not allow self administration of medication General staff meeting held September 11, 2009 with 96 staff in attendance and policy reviewed again Memo sent to all units for staff to review Procedure will be discussed at Resident's Council meeting Procedure will be discussed at Family Council meeting Responsibility: Admin/DOC/PSW/Charge Nurses/DRP/RFRW		
P1.27	Dietary services shall be organized to provide nutritional care according to residents' needs, consistent with their plans of care. Criterion not met as evidenced by: • Identified residents' received the incorrect modified diet during lunch meal service on August 27, 2009. • Examples discussed throughout the review.	2009/09/16	All identified residents were sitting at same table being served by one PSW. PSW has been disciplined and dietary routines reviewed with her. This will be a standing item on PSW/Registered staff meeting agendas. General staff meeting held September 11, 2009 with 96 staff in attendance and dietary procedures reviewed again Individual education sessions to review dining process to be held on all shifts	2009/09/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Annual August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	7 of 7

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Charge nurses on each unit will monitor each dining room along with 2 FSS's , RD, DOC and ADOC each meal to reinforce the standard. Continued failure to follow policy and procedure will result in progressive discipline. Responsibility: DOC/Admin/FSS		

Home: 1041 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Follow up - Annual Follow-up to 2008 Annual Review / Special Visits 2008 August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	1 of 4

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	The following unmet criterion issued during the 2008 Annual Review have been placed back into compliance at the time of this review: • P1.23 • M1.18 The following unmet criterion issued during a special investigation conducted July 11, 2008 were found to be in compliance at the time of this review: • O4.16 The following unmet criterion/standards that were deferred during follow up visit conducted August 13, 2008 have been noted to be in compliance at the time of this review: • M1.6 • M1.17 • O3.4				
M3.23	The following unmet criterion issued during a special investigation conducted July 11, 2008 were re-issued during the 2009 Annual Review and will be followed up: Reissued, previously issued July 11, 2008	2009/09/09	Housekeeper involved has been disciplined and	2009/09/15	Accepted

Home: 1041 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Follow up - Annual Follow-up to 2008 Annual Review / Special Visits 2008 August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	2 of 4

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	All staff shall participate in the facility-wide infection control program and shall be made aware of and practice measures to prevent or minimize the spread of infection. Criterion not met as evidenced by: • Garbage bags left unattended adjacent to shower room were observed to be carried into shower room leaking clear fluid like substance. • Clean linen carts were observed to be stored in several identified resident rooms and bathrooms. The following unmet criterion issued during the 2008 Annual Review have been re-issued during the 2009 Annual Review and will be followed up:		infection control practices reviewed with her. Further incidence of failure to follow infection control policy will result in progressive discipline. All involved personnel will be disciplined for failure to follow policy. Rounds are conducted twice each shift by DOC/ADOC to check for compliance with policy. A compliance checklist will be created for use by all charge nurses and will include all areas of compliance for the unit. These must be submitted for review at the end of each shift DOC and ADOC will conduct compliance walkabouts with each registered staff to demonstrate method of review. Compliance checklists will be submitted to DOC at the end of each shift and deficiencies to be followed up. Failure to follow this policy will result in progressive discipline. Responsibility: ESS/DOC/ADOC		
B1.17	Reissued, previously issued September 16, 2009	2009/09/25	Protocol for management of wound and skin has been reviewed and standardized with all registered staff – PUAP education will be	2009/09/30	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Follow up - Annual Follow-up to 2008 Annual Review / Special Visits 2008 August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	3 of 4

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	Each resident who exhibits skin breakdown and/or wounds shall be assessed each week or more frequently, if needed, by a member of the registered nursing staff. Criterion not met as evidenced by: • Weekly wound assessments were not conducted on a consistent basis for identified residents with skin breakdown/wounds.		completed with all registered staff. All involved registered staff will be disciplined for failure to follow policy. Skin/wound champions have been assigned on each unit to oversee wound management. A Skin care coordinator, responsible for monitoring the wound and skin program, shall visit each resident with documented wounds and examine the wound(s) on a weekly basis as she completes high risk rounds. At that time she shall also review the weekly wound documentation for accuracy and thoroughness. New online PUSH tool to be integrated into program which is more efficient and easy to use. Continued non-compliance will be dealt with via progressive discipline. Responsibility: DOC/Skin Care Coordinator RAI Coordinator/ADOC		
B5.3	Reissued, previously issued September 16, 2009 The evaluation of care and services and care	2009/11/30	Inservices will be held with all registered staff to review the evaluation component. Quarterly reviews shall be completed within 14 days of the ARD. ADOC will review all quarterlies for completion	2009/09/25	Accepted

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1041	CASA VERDE HEALTH CENTRE 3595 KEELE STREET NORTH YORK ON M3J 1M7	Follow up - Annual Follow-up to 2008 Annual Review / Special Visits 2008 August 25, 26, 27, 28, 31; September 8, 9, 2009	Nursing	2009/08/25 Number of Days 7	4 of 4

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	outcomes shall be documented in each resident's health record. Criterion was not met as evidenced by: • Quarterly reviews did not consistently provide an evaluation of care and services for several identified residents. • Quarterly reviews were not conducted for identified residents.		before they are filed and return to appropriate party for corrective action. Responsibility: DOC		

TAB C

This is **Appendix "C"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Paragon Health Care Inc. et al
Operating Statement for the Period
January 24, 2006 to September 30, 2009

Casa Verde Nursing Home

	January 24, 2006 to December 31, 2006	January 1, 2007 to December 31, 2007	January 1, 2008 to December 31, 2008	January 1, 2009 to September 30, 2009	January 24, 2006 to September 30, 2009
Revenue					
Ministry of Health revenue	$ 6,397,977	$ 8,748,368	$ 10,297,697	$ 7,784,865	$ 33,228,907
Resident revenue	2,526,169	3,203,205	3,690,911	2,850,031	12,270,316
Ancillary revenue	21,588	53,960	21,551	27,284	124,383
Total Revenue	$ 8,945,734	$ 12,005,533	$ 14,010,159	$ 10,662,180	$ 45,623,606
		-			
Operating Expenses		-			
Salaries, wages & benefits	$ 6,072,772	$ 8,166,003	$ 9,827,118	$ 7,448,089	$ 31,513,982
Food and supplies	789,955	1,320,401	1,288,489	1,018,573	4,417,418
General & administration	703,807	744,570	656,726	531,982	2,637,085
Realty, business & capital taxes	411,184	460,120	463,057	347,328	1,681,689
Repairs & maintenance	148,909	195,931	189,929	164,538	699,307
Utilities	227,716	281,904	286,882	243,763	1,040,265
Total Expenses	$ 8,354,343	$ 11,168,929	$ 12,712,201	$ 9,754,273	$ 41,989,746
Net Operating Income	$ 591,391	$ 836,604	$ 1,297,958	$ 907,907	$ 3,633,860
Restructuring costs/charges	-	166,743	62,943	-	229,686
Net Income	**$ 591,391**	**$ 669,861**	**$ 1,235,015**	**$ 907,907**	**$ 3,404,174**

TAB D

This is **Appendix "D"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Paragon Health Care Inc. et al
Operating Statement for the Period
January 24, 2006 to September 30, 2009

Casa Verde Retirement Home

	January 24, 2006 to December 31, 2006	January 1, 2007 to December 31, 2007	January 1, 2008 to December 31, 2008	January 1, 2009 to September 30, 2009	January 24, 2006 to September 30, 2009
Revenue					
Ministry of Health revenue	$ 1,201,295	$ 1,188,468	$ 1,251,395	981,226	$ 4,622,384
Resident revenue	8,124	12,262	10,233	6,319	36,938
Ancillary revenue	8,346	7,697	5,278	2,114	23,435
Total Revenue	$ 1,217,765	$ 1,208,427	$ 1,266,906	$ 989,659	$ 4,682,757
		-			
Operating Expenses		-			
Salaries, wages & benefits	$ 916,548	$ 995,021	$ 1,121,867	$ 844,981	$ 3,878,417
Food and supplies	149,280	153,424	378,726	170,318	851,748
General & administration	210,075	150,653	11,151	124,615	496,494
Realty, business & capital taxes	41,237	41,660	42,713	28,148	153,758
Repairs & maintenance	48,884	39,530	37,808	22,770	148,992
Utilities	75,768	93,970	95,629	81,165	346,532
Total Expenses	$ 1,441,792	$ 1,474,258	$ 1,687,894	$ 1,271,997	$ 5,875,941
Net Operating Income	$ (224,027)	$ (265,831)	$ (420,988)	$ (282,338)	$ (1,193,184)
Restructuring costs/charges	-	3,082	-	-	3,082
Net Income	**$ (224,027)**	**$ (268,913)**	**$ (420,988)**	**$ (282,338)**	**$ (1,196,266)**

TAB E

This is **Appendix "E"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Ontario

Hamilton Service Area Office
Performance Improvement and Compliance Branch
Health System Accountability and Performance Division
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 905-546-8294
Facsimile: 905-546-8255

Bureau régional de services de Hamilton
Direction de l'amélioration de la performance et de la conformité
Division de la responsabilisation et de la performance du système de santé
119, rue King Ouest, 11e étage
Hamilton ON L8P 4Y7
Téléphone: 905-546-8294
Télécopieur: 905-546-8255

November 17, 2008

Ms. Brenda Sinan
Administrator
West Park Health Centre
103 Pelham Road
St. Catharines ON L2S 1S9

Dear Ms. Sinan:

Please find enclosed the Long-Term Care Home Review Report for the review of care and services conducted on October 6, 7, 9, 15, 2008.

The ***Annual Review*** must be posted for public viewing in a conspicuous place in the home, in accordance with Section 123(a) of the *Nursing Homes Act* and Regulation 832.

I would like to remind you that under *the Freedom of Information and Protection of Privacy Act*, all information retained by the Ministry of Health and Long-Term Care relating to your home is potentially subject to public release.

A copy of this report must be made available without charge to any resident of the home upon request. The report will also be on file with the Hamilton Service Area Office.

Yours truly,

P HBontje

Phyllis Hiltz-Bontje
Compliance Advisor

PHB:mb

Enc.

Ontario

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division

Long-Term Care Home Review Report

Ministére de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé

Rapport d'inspection d'un foyer de soins de longue durée

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

WEST PARK HEALTH CENTRE

Governing body / Organisme responsable

Mintz & Partner Limited

Administrator / Directeur général/directrice générale

Brenda Sinan

Approved capacity / Nombre de lits autorisés

93

Type of review / Genre d'inspection	Review date / Date de l'inspection
Annual Review 2008	October 6, 7, 9, 15, 2008

Long-Term Care Home Review Report

The mandate of the Ministry of Health and Long -Term Care is to ensure that residents in Ontario Long-Term Care Homes receive quality care and services.

In order to achieve this goal, the Ministry has implemented its **Long-Term Care Home Review Program** to monitor the quality of resident care and services. Where Long-Term Care Homes do not meet Ministry standards, as determined by reviews, the home is expected to correct any unmet standards or criteria.

The Performance Improvement and Compliance Branch of the Ministry of Health and Long-Term Care conducts ongoing quality of care reviews in all Long-Term Care Homes throughout the Province of Ontario.

The **Report of Unmet Standards or Criteria** outlines the Ministry's review findings and the home's review plan for corrective action. Reports are public documents and must be prominently displayed in all Long-Term Care homes

Any inquiries related to this program may be directed to:

Manager
Ministry of Health and Long-Term Care
Compliance Inspection, Hamilton Service Area Office
Performance Improvement and Compliance Branch
Health System Accountability and Performance Division
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 905-546-8292

Rapport d'Inspection d'un foyer de soins de longue durée

Le mandat du ministère de la Santé et des Soins de longue durée est d'assurer aux pensionnaires des foyers de soins de longue durée de l'Ontario des soins et des services de qualité.

Afin d'atteindre cet objectif, le ministère a mis en place son **Programme d'inspections des foyers de soins de longue durée** pour surveiller la qualité des soins dispensés aux pensionnaires et des services offerts dans les foyers de soins de longue durée. Si, selon les inspections, les foyers de soins de longue durée ne se conforment pas aux normes établies par le ministère, ceux-ci deviennent donc responsables pour la correction des normes et critères non-respectés.

La Direction de l'amélioration de la performance et de la conformité du ministère de la Santé et des soins de longue durée effectue régulièrement des inspections sur la qualité des soins dans tous les foyers de soins de longue durée.

Le **Rapport sur les cas de non-conformité aux normes et aux critères** donne les résultats de l'inspection du ministère et le plan du foyer de soins de longue durée en ce qui a trait aux mesures correctives à prendre. Ce rapport est un document public et doit être affiché bien en vue dans le foyer de soins de longue durée.

Pour de plus amples renseignements sur ce programme, écrivez à la personne suivante:

Directrice
Ministère de la Santé et des Soins de longue durée
Inspections de conformité, Bureau régional de services de Hamilton
Direction de l'amélioration de la performance et de la conformité
Division de la responsabilisation et de la performance du système de santé
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7
Téléphone: 905-546-8294

LONG-TERM CARE HOME REVIEW SUMMARY REPORT

Definition of Terms

The monitoring and evaluation process is based on the standards and criteria contained in the Long Term Care Facilities Program Manual. Each long-term care home has a copy which the public may request to view.

The reviewer considers the following factors in concluding that a standard or criteria has not been met:

- **Conditions have been observed that pose actual or potential serious risks to a resident's health, welfare or rights; and/or**
- **Conditions have been observed that are not as serious but are prevalent or recurring; and/or**
- **The long-term care home has not made successful efforts to initiate corrective action; and/or**
- **Conditions have been identified during previous reviews, but have not been corrected within the negotiated time frame for corrective action.**

STANDARD MET	STANDARD NOT MET
All criteria that were reviewed relating to the identified standard were found to meet the expectations.	**One or more criteria that were reviewed relating to the identified standards, did not meet the expectations; and** **The identified deficiencies met the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA or AREA OF NON-COMPLIANCE.**
RECOMMENDATION(S) DISCUSSED	**REFERRAL MADE TO (appropriate discipline/specialty)**
Criteria that were reviewed relating to the identified standard may or may not meet the expectations; but **Identified deficiencies if applicable, do not meet the conditions for issuing a REPORT OF UNMET STANDARDS OR CRITERIA. Recommendations were discussed to enhance the quality of the care, programs and services provided to the residents.**	**Criteria reviewed relating to the identified standard may or may not meet the expectations.** **Criteria that were reviewed indicate the need for other expertise to determine compliance or to provide more in-depth review and assistance.** **A REPORT OF UNMET STANDARD OR CRITERIA may or may not be issued.**

FACILITY REVIEW SUMMARY REPORT

Long-Term Care Facility:	**WEST PARK HEALTH CENTRE**
Date of Review:	**October 6, 7, 9 and 15, 2008**
Type of Review:	**Annual Review 2008**

Updates of any care, programs and services being provided by the facility:
The home is an early adaptor of the MDS documentation system.
The home has changed the Pharmacy services provider.
The home also reports that the roof has been replaced, new windows have been purchased and the compressor has been moved to the roof of the building.
The following previously issued unmet criteria were found to be corrected at the time of this review: C1.14, C1.15, C1.17 and C1.20.

All or some criteria related to the following standards were reviewed. Comments in the right column reflect the status of the standards at the time of the review AND ARE BASED ONLY ON CRITERIA THAT WERE REVIEWED. Conclusions are based on observations and reviews of a selected sample of residents.

STANDARD	COMMENTS
Resident Safeguards	
There are mechanisms in place to promote and support residents' rights, autonomy, and decision-making.	**Standard not met related to unmet criteria: A1.23 (response to resident's council), A1.18 (documentation when in physical restraints), A1.21 (maintenance of Resident's Council), A1.24 (residents informed of results of Resident Council) and previously issued outstanding unmet criterion A1.11(1).** **Discussions held.**

STANDARD	COMMENTS
There is a facility-specific written admission agreement in place to delineate the accommodation, care, services, programs and goods that will be provided to the resident and, the obligations of the resident with respect to their responsibilities and payment for service.	Standard Met
Resident Care and Services	
Each resident's needs for care and services are determined with the resident/representative through an interdisciplinary assessment process.	Standard not met related to criterion B1.2 (Assessments), B1.6 (Reassessment of care) and outstanding unmet criterion B1.17. Discussions held.
Each resident's care and services are planned with the resident/representative through an inter-disciplinary planning process.	Standard not met related to ANC NHA Reg. 832, s, 20:10 (Care planning) Discussions held.
Each resident receives care and services consistent with his/her plan of care and with residents' rights outlined in the Bill of Rights, the *Health Care Consent Act* and the *Substitute Decisions Act.*	Standard not met related to criterion B3.52 (hygiene and grooming) and outstanding unmet criterion B3.23. Discussions held.
There is ongoing monitoring and evaluation of each resident's care, services and care outcomes.	Standard not met related to outstanding unmet criterion B4.5.
All significant information about each resident is documented in his/her record.	Standard not met related to outstanding unmet criterion B5.5.

STANDARD	COMMENTS
Nursing Services	
There is an organized program of nursing services to meet residents' nursing and personal care needs, consistent with the professional standards of practice of the College of Nurses of Ontario.	Standard Met
Staff Education	
There is an organized orientation program that responds to the learning needs of new staff.	Standard not reviewed at the time of this inspection.
There is an organized in-service education program that responds to the assessed learning needs of staff.	Standard not reviewed at the time of this inspection.
Recreation and Leisure Services	
There are recreation and leisure services organized to provide age-appropriate recreation, leisure, and education opportunities based on and responsive to the abilities, strengths, needs, interests and former lifestyle of the residents.	Standard Met
Social Work Services	
There is an organized program of social work services, or arrangements are made to access available social work services to meet residents' psychosocial needs.	Standard Met
Spiritual and Religious Program	
There is an organized spiritual and religious care program to respond to the spiritual and religious needs and interests of the residents.	Standard Met

STANDARD	COMMENTS
Therapy Services	
There is an organized program of therapy services or arrangements made to access available therapy services to meet residents' identified therapy needs.	Standard Met
Volunteer Services	
There is an organized program of volunteer services.	Standard Met
Other Approved Programs	
Other programs/services provided by the facility are organized to provide services to respond to residents' identified needs/preferences.	Standard Met
Facility Organization and Administration	
The program and resources of the facility are organized to effectively manage the facility and each of its programs and services, in keeping with Ministry Acts Regulations, Policies and Directives.	Standard not met related to outstanding unmet criteria M1.7 and M1.20.
There is a comprehensive, co-ordinated, facility-wide, program for monitoring, evaluating and improving the quality of accommodation, care, services, programs and goods provided by the facility.	Standard not met related to outstanding unmet criterion M2.2.
There are co-ordinated risk management activities designed to reduce and control actual or potential risks to the safety, security, welfare and health of individuals or to the safety and security of the facility.	Standard Met

STANDARD	COMMENTS
There is an organized system of records management which includes the components of collection, access, storage, retention and destruction of records.	Standard Met
Medical Services	
Medical services are organized to meet residents' medical needs, including assessment, planning and provision of residents' individualized medical care, consistent with professional standards of practice.	Standard Met
Environmental Services	
Environmental services are organized to provide a safe, comfortable, clean, well-maintained environment for residents, staff and visitors.	Standard not met related to outstanding unmet criteria 01.18 and 01.21. Standard not completely reviewed at the time of this inspection. An Environmental Health referral has been initiated.
The facility, including furnishings and equipment, is maintained.	Standard not met related to criterion 02.09 (flooring) and outstanding unmet criterion 02.11. An Environmental Health referral has been initiated. Discussions held.
The facility, including furnishings and equipment, is kept clean.	Standard not completely reviewed at the time of this inspection. An Environmental Health referral has been initiated.

STANDARD	COMMENTS
Laundry services are organized to meet the linen and personal clothing needs of residents.	Standard not met related to outstanding unmet criterion 04.13. An Environmental Health referral has been initiated.
Dietary Services	
There is an organized program of dietary services to respond to residents' nutritional care needs and to provide safe, personally acceptable, nutritious food to residents.	Standard not met related to outstanding unmet criteria P1.14 and P1.4. Standard not met related to outstanding areas of non compliance NHA 832-77(2) and NHA 832- 2-2-2 A Nutritional Care referral has been initiated.
Diagnostic Services	
The facility makes arrangements for diagnostic services to meet residents' needs as ordered by the residents' physicians.	Standard met.
Pharmacy Services	
There is an organized program for the provision of pharmacy services to meet the residents' identified needs.	Standard Met
There is an organized interdisciplinary pharmacy and therapeutics committee responsible for directing the facility's pharmacy program and services.	Standard Met
The prescription ordering and transmission of orders support the safe provision of drugs to residents.	Standard Met

STANDARD	COMMENTS
The pharmacy service provides for the accurate, safe dispensing of prescription drugs and biologicals to meet residents' identified medication requirements.	Standard Met
A system of records for receipt and disposition of all drugs received by the facility is maintained in sufficient detail to enable accurate tracking, reconciliation and auditing, in accordance with applicable legislation.	Standard Met
All drugs and biologicals are stored under proper conditions of sanitation, temperature, light, humidity and security.	Standard Met
Disposal of drugs is in accordance with established Ministry policy.	Standard Met
There is a system for immediate reporting of each medication error and adverse drug reaction, with specific follow-up action to be taken.	Standard Met

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Home: 1500 /Visit: 1

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Annual October 6, 7, 9, 15, 2008	Nursing	2008/10/06 Number of Days 4	1 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	The following areas of non-compliance remain outstanding and will be reviewed by a Dietary Advisor at a future inspection: ANC 832 77(2) and ANC NHA 2(2)-(2) The following area of non-compliance has been re-issued under the Nursing Home Act, R.S.O. 1990, c. N7 as a result of this annual inspection conducted on October 6, 7, 9, 15, 2008:				
NHA/20(10)	A licensee of a nursing home shall ensure that, (b) a plan of care is developed for each resident to meet the resident's requirements; (c) the plan of care is revised as necessary when the resident's requirements change. This provision has been contravened as evidenced by: . Not all identified care needs have corresponding plans of care to meet the resident's needs. Care plans to not consistently include identified care needs related to: constipation, care to be provided to minimize risks related to medications, recreational needs, management of skin breakdown, restraint/positioning devices, falls, insomnia, behaviours and management of pain.	2008/10/15	Immediate Action: • All residents will be assessed for risk based on High Risk Profile tool provided by Ministry of Health and Long-Term Care (MOHLTC) Compliance Advisor. • Residents in a physical restraint will be deemed high risk. • Residents on a pain management protocol (regular analgesic or prn analgesic) will be deemed as high risk. • New admissions/re-admissions will be deemed as high risk. • Residents with assessed constipation, falls and impaired skin integrity will be deemed a moderate risk. • All other risks (on profile tool) will be deemed a s low risk. Completion date to be November	2009/04/30	Received

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Annual October 6, 7, 9, 15, 2008	Nursing	2008/10/06 Number of Days 4	2 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	. Care plans contain generic interventions and do not provide clear, resident specific directions to staff. . Conflicting information/directions were noted between parts of the care plan. (Hygiene needs, skin care needs) . Care plans are not consistently updated as residents care needs change (skin care needs, pain management changes and strategies to manage falls and behviours).		30, 2008. Short Term Action: • Schedule visit to another long-term care facility to review resident specific care plans and communication tools. Completion by end of October 2008. • Educate all registered staff to understand and implement the nursing process to formulate care plans (i.e.) assessment - analyze data - state problem and goal, set interventions and evaluate. Completion of all care plans April 2009 Long Term Action: • Resident quarterly summary will evaluate the care plan.		
N/A	The following previously issued unmet criteria were found to be corrected at the time of this review: C1.14 - C1.15 - C1.17 - C1.20 The following previously issued unmet criteria remain outstanding and will be reviewed by a Dietary Advisor during a future visit: B3.23 - M1.7 - P1.14 - P1.4 The following previously issued unmet criteria				

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Annual October 6, 7, 9, 15, 2008	Nursing	2008/10/06 Number of Days 4	3 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	remain outstanding and will be reviewed by an Environmental Health Advisor during a future visit: **O1.18 ~ O1.21 ~ O2.11** **The following previously issued unmet criteria remain outstanding as the home continues to work through their plan of corrective action:** **A1.11(1) ~ B1.17 ~ B4.5 ~ B5.5 ~ O4.13**				
A1.23	**(March 2005 and September 2005)** **Suggestions and complaints from the residents' council shall be documented, investigated and responded to in writing by the administrator of the facility within 21 days.** **Issued as unmet as evidenced by:** **. A review of documentation from resident's council meetings indicate that on many occasions the issues raised by the residents; such as snacks being missed, staff being noisy when residents are trying to sleep and short staffed on weekends, were not addressed.**	**2008/10/15**	**Immediate Action:** **• November 4, 2008: Pick up education materials from the Ontario Association of Residents' Councils – PROBLEMS, PROBLEMS, PROBLEMS: A RESIDENTS' COUNCIL ROAD MAP FOR PROBLEM SOLVING – This education material is to help council members understand the different types of problems they will encounter in their work and to provide useful tools to use in the problem – solving process. (Unable to obtain material while in Toronto, money order mailed to have resource material shipped to home. November 7, 2008).** **Short Term Goal:** **• Met with Resident Council Executive on Tuesday, October 28, 2008, to discuss the Resident Council process.**	**2008/12/30**	**Received**

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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Long Term Goal: • **Have Resident Council Complaint form filled out and given to Program Director/or Program Director to obtain from council secretary by the end of business day which Resident Council was held on.** • **Have Resident Council invite Department Heads to the resident council meeting when issues arise to give a better explanation on outstanding issues or ongoing issues that residents have concerns with.** • **On the third Tuesday of each month, have all concerns from Resident Council addressed at the management meeting.** • **Have resident council fill out the Resident Council Audit have the audit used bi-annually. Compliance date December 30, 2008**		
N/A	**The following unmet criteria are issued as unmet as a result of this annual inspection:**				
A1.18	**Restraint use shall be documented for the period it is in use. At a minimum, there shall be a record of the time of application and removal as well as the resident's response.** **Issued as unmet as evidenced by:**	**2008/10/15**	**Immediate Action:** • **Review the form used to allow for staff to document response to the restraint. Previously used form has been sent to corporate office for review. October 27, 2008**	**2008/12/31**	**Received**

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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Annual October 6, 7, 9, 15, 2008	Nursing	2008/10/06 Number of Days 4	5 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	. There is no evidence in the clinical record that the response of the resident to the use of physical restraints is documented.		Short Term Goal: • To review each resident's needs that currently is in a physical restraint to determine if an alternate to the restraint would meet the needs, to work with Physiotherapy Aide / Occupational Therapy Aide (PTA/OTA). Completion date December 31, 2008 • To document quarterly in the summary the resident's response to the restraint and on an ongoing basis. • Regional Director of Resident Care (DRC) meeting at corporate office to be held November 14, 2008, to discuss restraint documentation as there has not been problems in other homes. Long Term Goal: • Narrative statements in quarterly summary to indicate resident response to restraint as well as if restraint is pertinent to be made ongoing. Compliance Date December 31, 2008		
A1.21	Residents shall be given the opportunity and support to establish and maintain an organized residents' council. Issued as unmet as evidenced by: . The home has not enabled the resident's council to maintain an organized financial	2008/10/15	Immediate Action: • On November 4, 2008, picking up education information from the Ontario Association of Residents' Councils – ON CONSTITUTION AND BY LAWS: A GUIDE, COMING TO GRIPS WITH GROUPS, RESIDENT RIGHTS AND RESPONSIBILITIES, LISTEN TO YOUR	2008/12/31	Received

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Annual October 6, 7, 9, 15, 2008	Nursing	2008/10/06 Number of Days 4	6 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	accounting of the council's resources as residents are unaware of moneys being held in trust for the council and funds were being used for recreational events without the approval of the council.		RESIDENTS, YOU AND YOUR RESIDENT'S COUNCIL. (Unable to obtain material while in Toronto, money order mailed to have resource material shipped to home. November 7, 2008). • Photo copy information on Wednesday, November 5, 2008, and pass information to residents who are taking a role with the changes in the Resident Council. • Setting up account, the Resident Council account, with new signing signatures before the next annual Resident Council Meeting November 17, 2008. Short Term Goal: • Met with Resident Council during the week of November 10, 2008, to go over information that is been given, answer questions. • Work towards Resident Council being solely in-charge with their funds (no staff, volunteer have access to their funds). Meeting to discuss process to be held November 10, 2008. • Program Director contacting CIBC to obtain past bank account statements to determine starting point to reallocate funds to Resident Council. November 7, 2008 • Once starting point and figures obtained will account for funds raised through bake sales and bazaars from that point. Completion Date		

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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			November 14, 2008 Long Term Goal: • Facilitating Resident Council to self govern themselves • To have Resident Council give Program Director program suggestions for upcoming outings, musical acts/entertainment, holiday programs etc. • Resident Council to complete Resident Council Audit biannually. Compliance Date December 31, 2008		
A1.24	Residents shall be informed of the results of residents' council meetings along with feedback from the administrator, (e.g., by posting of the minutes in a location easily accessible to residents and their representatives, with residents' council consent). Issued as unmet as evidenced by: . Documentation recorded at resident's council meetings does not clearly reflect the issue raised or the discussions held. . Documentation recorded at resident's council meeting is not easily readable.	2008/10/15	Immediate Action: • All minutes need to be typed clearly and in large print for everyone to see by Resident Council Secretary. Secretary responsible for providing concerns in writing to the Administrator. Short Term Goal: • Post extra copies of the minutes at the program board so that all resident can take a copy to read at their leisure. Long Term Goal: • Resident Council to fill out the Resident Council Audit biannually.	2008/12/31	Received

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Compliance Date December 31, 2008		
B1.2	**The assessment process shall include determining the resident's preferences, strengths, social and personal resources, interests, health status, needs, extent of independent functioning, type and amount of support required, and decisions regarding the type of care and/or interventions, including advance directives or substitute decisions.** **Issued as unmet as evidenced by:** **. Residents who are in physical restraints do not have assessments that identify the specific risk and there is not an assessment related to what specific alternatives to restraints should be considered.** **. Residents who are being treated for pain and/or who demonstrate pain are no consistently being assessed. (For example: location, frequency and intensity of pain)** **. Residents who are being treated for constipation and/or who are demonstrating constipation are not consistently being assessed. (For example: in relation to the presence of the condition, factors contributing to the condition, history and personal habits)**	2008/10/15	**Immediate Action:** **• Each resident that currently is restrained will be re-assessed : to include reason for the restraint; is there some alternative that would meet the needs (i.e. the resident sliding, getting up) that is not a belt. Completion date December 31, 2008. Will work with OTA/PTA.** **• Completion of a constipation assessment form, Diversicare form 009 to be done for each resident. This includes assessment of residents' bowel pattern over a 7 day period on admission to determine normal pattern, as well as family/caregiver interviewing, resident interview, documentation from other sources from prior to admission. Constipation to be addressed on admission and reviewed quarterly. Daily assessments of residents will be ongoing and residents that are not able to have a bowel movement after two days will be offered a laxative, then two more days a suppository. As well prune juice will be offered after the first missed day.** **• Pain Assessments to be completed weekly and to include location of pain, frequency of pain, pain management protocol in place,**	2008/12/31	Received

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
	. Residents who experience events such as falls, behaviours do not consistently have assessments related to these events documented in the clinical record.		effectiveness, need for breakthrough meds. How frequently breakthrough used. Narrative not will be made in progress notes each week. • Events such as falls, behaviour will be documented into the progress notes. The chart will be flagged and registered staff will assess the resident and chart their assessment for the next 24 hours. In event of a fall, staff will complete the risk assessment if the second fall in one month, and the resident will need to be further assessed by the physician to determine trigger (i.e. UTI, change in cognition, TIA). Falls risk assessment must also be completed on admission. Short Term Goals: • To educate all nursing staff on the compliance plan and existing policy and procedures that relate to the completion of accurate assessments. Completion December 31, 2008 • Work with registered staff to apply nursing process to the data they collected while completing their assessment and analyze and formulate a problem statement or need. • To assess all residents for risk factors on admission and to follow up quarterly.		

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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Long Term Goal: • **Quarterly summary will indicate that needs are being met and risks have been addressed and interventions in place prevent untoward effects to the resident.** **Compliance Date December 31, 2008**		
B1.6	**Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities.** **Issued as unmet as evidenced by:** **. The current process of completing quarterly reviews does not reassess the care and service needs of the residents.** **. Residents who are in physical restraints do not consistently have reassessments of the presence of behaviour that lead to the treatment.** **. Residents who are experiencing pain do not consistently have reassessments related to the effectiveness of strategies to manage pain.**	**2008/10/15**	**Immediate Action:** • **Teach with registered staff to apply the nursing process to assessments, to then analyze the information, determine the specific problem, set measurable goals and interventions to meet the goal.** • **Visit another long-term care home to review their care plan/quarterly processes and gather ideas, for success. Completed October 28, 2008** **Short Term Goal:** • **Rewrite all the care plans with specific problems and measurable goals in order to reassess the care and service needs accurately.** **Long Term Goal:** • **DRC to audit the quarterly summaries monthly.** • **DRC will re educate registered staff on nursing process as required. Completion date April , 30 2009**	**2008/12/31**	**Received**

Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Annual October 6, 7, 9, 15, 2008	Nursing	2008/10/06 Number of Days 4	11 of 12

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			Compliance Date April 30,2009		
B3.52	**Each resident's hygiene and grooming care shall meet his/her needs and shall consider his/her preferences whenever possible.** **Issued as unmet as evidenced by:** **. Several residents were noted to not have had mouth care provided, hair combed and in appropriate, clean well fitting clothing.** **. A review of the care flow sheets indicated that documentation related to bathing did not indicate that all residents were provided with at minimum two baths a week.** **. A review of the care flow sheets indicate that many residents provide their own care related to hygiene needs, however, the care plans indicate that residents require assistance related to monitoring that the resident has been successful, constant supervision to perform tasks related to hygiene and/or staff to provide care.**	2008/10/15	**Immediate Action:** **• Educate staff to indicate on flow sheets when resident refuses a bath to document then try the next day until bath completed, also that staff may give a complete bed bath if resident prefers over going into tub or shower.** **• One additional staff added to the second floor to reduce staff workload and allow time for basic hygiene such as mouth care and grooming.** **Short Term Goal:** **• Review care plans and flow sheets.** **Registered staff will complete an assessment as we are in the process of rewriting all care plans and be sure care needs and plan expectations are the same.** **Long Term:** **• Quarterly to audit flow sheets with documented plan of care to be sure of consistency.** **Compliance date April 2009**	2008/04/30	Received

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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
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Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
O2.09	Flooring shall be composed of a smooth, tight, impervious, non-slippery material that is maintained free of cracks, breaks and open seams. Issued as unmet as evidenced by: . Floor surface in resident care areas were noted to have many tiles that were lifting as well as many tiles that were cracked and broken.	2008/10/15	Immediate Action: • Corporate office notified, quotes to be received to replace floor. Inspection completed October 27, 2008. • All loose cracked tiles are being removed and replaced in a temporary measure. • Contractor in to view floor November 4, 2008. To put proposal together a forward to head office. Compliance Date to be determined	2008/11/04	Received
N/A	Referrals for reviews of Dietary and Environmental Health Services will be initiated.				

TAB F

This is **Appendix "F"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Ontario

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Division de la responsabilisation et de la performance du système de santé
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February 26, 2009

Ms. Brenda Sinan
Administrator
West Park Health Centre
103 Pelham Road
St. Catharines ON L2S 1S9

Dear Ms. Sinan:

Thank you for the submission of a compliance plan in response to the **Complaint Investigation** conducted in your home on January 28, 2009.

Your plan has been reviewed and is considered acceptable to the ministry.

Thank you for your cooperation in this matter.

Yours truly,

Phyllis Hiltz-Bontje
Compliance Advisor

PHB:mb

Enc.

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Complaint Investigation Seq. #50 - 2009	Nursing	2009/01/28 Number of Days 1	1 of 2

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
N/A	The following unmet criterion has been re-issued as a result of this complaint inspection:				
A1.11	A1.11(1) Re-Issued (December 19, 2007 / August 15, 2008) Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and to be free from mental and physical abuse. Issued as unmet as evidenced by: . One resident was noted to be physically assaulted by a co-resident on three occasions. . The resident expresses fear of living here and is afraid to use the closest washroom for fear of contact with one co-resident. . The resident who was assaulted experienced a room change which resulted in a very difficult period of adjustment, this resident is no longer beside a window and is unable to do a craft she enjoys because of the light. . Action taken has not resulted in the protection of the resident.	2009/01/28	Immediate Action • Staff are completing 30 min. safety checks of the resident and co resident to ensure there is no further contact. • Staff are escorting the resident to and from the bathroom and the dining room to ensure safety and alleviate fear. • GMHO in to work with staff to find behavioural solution for co-resident to decrease aggressive behaviour. Medications altered, discussed changes with son. Son supportive and helpful in finding resolve. Short Term Action • Requested 72 hour supplemental staffing High Intensity Needs, to work only with resident and co-resident to escort resident and ensure no contact with co resident. Long Term Action • Paper work submitted for placement at Adam's complex for co resident for a 90 day assessment period, Intake meeting held February 11,2009. Admission denied. Intake	2009/01/28	Received

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Home	Name And Address	Type of Review	Discipline	Inspection Date	Page #
1500	WEST PARK HEALTH CENTRE 103 PELHAM ROAD ST CATHARINES ON L2S 1S9	Complaint Investigation Seq. #50 - 2009	Nursing	2009/01/28 Number of Days 1	2 of 2

Act/Reg Standards And Criteria	Ministry Inspection Results	Required Date of Correction	LTC Facility Plan of Corrective Action	Planned Date of Correction	Ministry Response
			committee feel co resident doesn't fit program mandate. She is too high functioning and would decompensate too quickly. • Son working with CCAC to choose facilities to move co-resident to. Has expanded list from 1 to 3 choices, all with long waiting lists and low turnovers. CCAC requested son revisit list and review other homes in area with shorter lists. • Internal move within home is not an option for co-resident at this time as a move to the second unit would only prove to precipitate more acts of aggression with this resident. Presently residing in a semi-private accommodation despite being a basic accommodation applicant		

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Plan of Correcti[illegible] Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentant(e) au ministère
West Park Health Centre	From/de February 26,2009 To/à February 27, 2009	Phyllis Hiltz Bontje, Compliance Advisor
	Type of review/inspection/Type d'inspection: Complaint Inspection #144	Plan submitted by/Plan soumis par: West Park Health Centre
		Plan receipt date/Date de réception du plan: March 6, 2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
NHA RSO 1990,Chapter7 Section 14 (a,b,c)	A licensee of a nursing home shall approve a person's admission to the nursing home unless, a) the nursing home lacks the physical facilities necessary to meet the person's needs and care requirements b) the staff of the nursing home lack the nursing expertise necessary to meet the person's care requirements: or c) circumstances exist which are prescribed by the regulations as being grounds for with holding approval Issued as non compliant as evidenced by: - the home did not consider the resident's care needs and requirements prior to deciding to withhold approval for admission	Immediate Action ❖ DRC will review Chapter 7 of the Nursing Home Act to educate on requirements surrounding admission or withholding admission. To be completed March 6, 2009 Short Term Action ❖ Will follow outline described in Nursing Home Act to govern response to any and all applicants to this facility. ❖ The resident involved in unmet standard being issued is currently placed but outside of desired area, will contact CCAC weekly to review status to placement in desired area and will notify Compliance Advisor when situation has resolved.
NHA RSO 1990 Chapter 7 Section 15	A licensee who withholds approval for the admission of a person to the nursing home shall give to the person, the Director and the placement coordinator a written notice setting out the grounds on which the licensee is withholding approval and a detailed explanation of the supporting facts Issued as non compliant as evidenced by - the home did not provide the Ministry with written notice when approval to admit was withheld.	Immediate Action ❖ DRC will review Chapter 7 of the Nursing Home act to educate on the requirements surrounding admission or withholding admission. To be completed March 6,2009 Short Term Action ❖ Will follow outlined description in the Nursing Home Act and include forwarding a letter to the Ministry should with holding admission be decided again in the future by this home

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Plan of Correcti Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentate(s) eu ministère
West Park Health Centre	From/de February 28, 27 and march 5 To/à	Phyllis Hiltz-Bontje

Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
Complaint Investigation #143	West Park Health Centre	March 12, 2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
NHA RSO 1990 Chapter 7 Section 2(2)(1)	Every licensee 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 dignity and individuality and to be free from mental and physical abuse Non Compliance is identified as evidenced by: - Resident accuses staff person of physical abuse - resident demonstrated physical injury(bruise) consistent with accusation - resident demonstrates a behavioural response consistent with fear, emotional upset and need to leave home - accused staff person has multiple disciplinary notations in personnel file related to negative interactions with residents, family and staff as well as inappropriate practice issues - no actions to protect the resident and prevent a re-occurrence related to this incident	Immediate Action • Completed investigation including speaking to resident staff, all caregivers family and other visitors. Completed on Feb 12,2009 Short Term • Hired outside agency to sit with resident for 72 hours to monitor for safety completed on February 12,13,14, &15 2009 Long Term Goals • An In service on resident rights and abuse will be provided to all staff by our newly hired Social worker to be completed on March 20,2009 • Resident abuse policy provided to all new hires ongoing. Staff sign that they have received policy and understand explanation of policy provided. • DRC will monitor incident reports and track resident abuse complaints/incidents to attempt to find emergent patterns and prevent re-occurrences. Ongoing

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West Park Health Centre	From/de February 26,27,March 5,2009 To/à	Phyllis Hiltz-Bontje

Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
Complaint investigation #143	West Park Health Centre	March 19,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
C1.19	Each residents response to medication and treatments shall be monitored and evaluated and changes made as required. Issued as unmet as evidenced by - resident was diagnosed with an acute blood clotting disorder and was placed on daily anticoagulant therapy. The resident is non English speaking and refused to take the new medication on February 9,11,14.15,16& 17 2009 No action taken is taken by staff until February 18,2009 to ensure the resident understood the importance of this treatment. on February 18,2009 staff contacted residents family and resident begins taken medication.	Immediate Action • Medication moved to a different time of the day, with good results, resident transferred out to hospital to have blood work completed to evaluate effect of treatment Completed March 10,2009 • Contacted Interruptive Services 905 356 4653, March 13,2009 to arrange for a Hungarian translator to complete a MMSE as soon as possible. Short Term Goal • Held a PAC meeting and discussed our concerns/challenges related to plan of care, will communicate discussion results with son. To be completed March 16,2009 Long Term Goal • Audit MAR and lab work to determine effect of current plan of care, care plan to be revised if not with sons input.

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West Park Health Centre	From/de Feb 26,27 March 5/09 To/à	Phyllis Hiltz-Bontje

Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
Compliant Investigation #130	West Park Health Centre	March 19,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
A1.15	With the consent of the resident, the resident's representative shall have access to, and an explanation of the resident's plan of care and shall receive assistance to read and understand the record. Issued as unmet by: - A request to review the clinical record was made on February 5,2009 by the resident's power of attorney and no attempt has been made to ensure the request is complied with	Immediate Goal • Family request occurred Feb9,2009 . Call placed to resident's POA to follow up on request to view plan of care Completed March 3,2009-03-13 Short Term Goal • DRC will in the future respond to requests to view plans of care within a weeks times, to allow for proper explanation to take place. Long Term Goal • DRC will audit nursing documentation to ensure that requests are completed, have follow up and follow up is documented on a ongoing basis
B4.2	Each resident/representative shall be encouraged and supported to participate in the evaluation of the resident's plan of care and outcomes of care and services. Issued as unmet as evidenced by: - resident's power of attorney was not informed of the 11 incidents were the resident was involved in verbal and physical aggression towards of residents and staff in the home - the resident's power of attorney was told by the home that the resident must be transferred to a behavioural assessment unit - the resident's power of attorney was not informed when a behavioural management medication was ordered for the resident or when there was an order to increase the dosage of the above noted medication.	Immediate Action • DRC will review HCA daily reports for behaviour, after 3 separate incidence will review documentation then follow up physician and report to family ongoing Short Term Goal • In service HCA staff to record all incidences on the 24 hour report sheet, to allow for accurate and concise transfer of information. To be completed March 13, 2009 • All behaviors will be referred to GMHO for assistance to manage behaviors on a ongoing basis • In service with Registered Staff that any antipsychotic ordered. Must have family/poa consent received and documented before drug given on an ongoing basis. In service completion date March 31, 2009 Long Term Goal • Review behaviour so that if behaviour are disruptive to others an MDC will be held every three months until behaviour resolves/manageable on a ongoing basis.

Ministry of Health

Ministère de la Santé
and Long-Term Care
Acute Services Division
Community Health Division
Central South Region
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et des Soins de longue durée
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Plan of Corrective Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection		Ministry Representative/Représentate(e) au ministère
West Park Health Centre	From/de Feb 26,27 March 5/09 To/à		Phyllis Hiltz-Bontje
	Type of review/inspection/Type d'inspection Compliant Investigation #130	Plan submitted by/Plan soumis par West Park Health Centre	Plan receipt date/Date de réception du plan March 19,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B4.3	Each resident's care and services shall be modified in response to the resident's changing needs, wishes and preferences. Issued as unmet by: - The resident was demonstrating responsive behaviors including verbal and physically aggressive detected at co residents, staff and volunteers beginning in April 2008. Care and services were not modified until this behaviour escalated resulting in a a co resident being punched and the victims family contacting the Ministry - the home did not take action to modify behaviors, consult with experts or develop care plans specific to this issue.	Immediate Action • DRC will review HCA daily reports for behaviour, after 3 separate incidence will review documentation then follow up physician and report to family ongoing Short Term Goal • In service HCA staff to record all incidences on the 24 hour report sheet, to allow for accurate and concise transfer of information. To be completed March 13, 2009 • All behaviors will be referred to GMHO for assistance to manage behaviors on a ongoing basis • In service with Registered Staff that any antipsychotic ordered. Must have family/poa consent received and documented before drug given on an ongoing basis. In service completion date March 31, 2009 Long Term Goal Review behaviour so that if behaviour are disruptive to others an MDC will be held every three months until behaviour resolves/manageable on a ongoing basis.

TAB G

This is **Appendix "G"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Ontario

Report of Unmet Standards or Criteria

Rapport sur les normes ou critères non respectés

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Ministère de la Santé et des Soins de longue durée
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Direction de l'amélioration de la performance et de la conformité

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Date of review/Date de l'inspection
July 6, 7, 8, 9, 10 & 17(Exit), 2009

Long-Term Care Facility/ Établissement de soins de longue durée
West Park Health Centre

Address/Adresse
St. Catharines, Ontario

Name and title of LTC Division representative/Nom et fonction du (de la) représentant(e) de la Division
Phyllis Hiltz-Bontje, Compliance Advisor

Type of review/Genre d'inspection

- ☒ Annual / Annuelle
- ☐ Follow-up / Suivi
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Complaint Investigation follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-sale / Préalable à la vente
- ☐ Post-sale / Postérieure à la vente
- ☐ Pre-license / Préalable à la délivrance du permis
- ☐ Other (*specify*) / Autre (*précisez*) >

The following statements reflect the results of the facility operational review as based on Ministry of Health and Long-Term Care standards and criteria for resident care, programs and services in Long-Term Care facilities.

Les observations suivantes illustrent les résultats de l'inspection des opérations de l'établissement effectuée sur la base des normes et critères du ministère de la Santé en matière de soins aux pensionnaires et de programmes et de services offerts dans les établissements de soins de longue durée.

Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	The following previously issued unmet criteria have been corrected as a result o f this Annual inspection: A1.21, A1.24 and A1.5, B4.2 and B4.5.	
	The following previously issued unmet criterion remains outstanding and will be reviewed during a follow-up inspection: A1.18	
	The following previously issued unmet criterion has been reissued three times as a result of this Annual review:	
A 1.23 (Mar 8/05) (Sept 21/05) (Oct 15/08)	Suggestions and complaints from the residents' council shall be documented, investigated and responded to in writing by the administrator of the facility within 21 days. Issued as unmet as evidence by: Documentation available in the minutes of the Resident Council meetings does not provided evidence that the following issues were addressed: • Dec. 15/08 – residents request a box of cards in order to have on hand for thank you, congratulations, sympathies etc. • Dec. 15/08 – residents identify noise in the dinning room at lunch and	Immediate corrective action to be initiated

Received for the Facility by / Reçu pour l'établissement par
Brenda Sinan Administrator

Signature of Community Health Division representative
Signature du (de la) représentant(e) de la Division de la santé communautaire
P Hiltz

Original: Community Health Division Copy: Long-Term Care Facility
Original: Division des la santé communautaire Copie: Établissement de soins de longue durée

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Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	dinner remains an issue. • Jan 19/09 – residents' request for the purchase of a convection oven for the baking program • Jan 19/09 – residents' request for the Keytones to sing/play for the Valentine social. • Feb 16/09 – residents' request for a temporary maintenance person on weekends • Feb 16/09 – residents' request for a new deep fryer • Feb. 16/09 – residents' concerns that staff/residents are not knocking on the door before entering the washroom. • April 20/09 – residents raise concern with respect to the patio door being to heavy to slide open. • April 20/09 – residents' indicate that the tree at the front of the building has bugs on it and needs to be sprayed. • April 20/09 – residents indicate they wish to attend Family Council. • April 20/09 – residents indicate that the washrooms do not smell good and families are complaining. • April 20/09 – residents' request to have more program games when staff are off.	
	The following previously issued unmet criterion has bee reissued two times as a result of this Annual inspection:	
B1.17 (Feb 13/07) (Aug15/08)	Each resident who exhibits skin breakdown and/or wounds shall be assessed each week or more frequently, if needed, by a member of the registered nursing staff. Issued as unmet as evidenced by: • 3 of 3 residents reviewed who were receiving physician ordered treatments for skin breakdown did not have the effectiveness of those treatments evaluated on a weekly basis. • Resident # 5 who demonstrated skin breakdown over a significant period of time and was receiving current treatment for skin breakdown was reviewed and there was no evidence in the clinical record that this residents wound and treatments were being evaluated weekly.	Immediate corrective action to be initiated.
	The following previously issued unmet criteria are being re-issued as a result of this Annual inspection:	
B1.6 (Oct 15/08)	Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities. Issued as unmet as evidenced by:	Immediate corrective action to be initiated

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Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	• Resident #5 did not have a care and service need review and reassessment by Nursing within a three month period. • Resident #7 did not have a care and service need review and reassessment by Nursing, Dietary and Activities within a three month period. • The data elements coded in the MDS assessment tool that are identified as relevant to the resident are not further analyzed related to the impact these issues may have for specific residents.	
B3.52 (Oct 15/08)	Each resident's hygiene and grooming care shall meet his/her needs and shall consider his/her preferences whenever possible. Issued as unmet as evidenced by: • On July 6, 7, 8, & 9, 2009 residents were noted to be sitting in wheelchairs at the nursing station area on the 2nd floor home area without have had their hair combed, in soiled clothing and incompletely clothed (one shoe/slipper, no shoes/slippers, mismatched socks) • A group of residents monitored on July 10, 2009 on the 2nd floor home area revealed that at 10:30am tooth brushes for 6 residents monitored had not been used that day to provide mouth care before or after breakfast. • 2 residents were observed to have white material caked on their teeth at the gum line.	Immediate corrective action to be initiated
B5.5 (Aug 15/08)	When a resident wishes to purchase her or his own continence care products, the reasons for doing so shall be documented. These reasons shall include an explanation as to why the resident, SDM or family member deems the products offered by the LTC Home Operator to be inadequate to meeting the resident's needs. Issued as unmet as evidenced by: • Documentation in the 24 hour report for one resident indicates "spoke with hubby about purchasing pull-ups". The resident's room was monitored and a package of pull-up briefs was noted to be in the closet. There is no documentation in the clinical record that identifies the reason for this request or the care needs of the resident. When questioned the Director of Care was unaware the family were purchasing incontinent products.	Immediate corrective action to be initiated
O4.13 (Aug 15/08) (Feb 13/07)	There shall be a supply of clean linen (including continence care supplies), sufficient to meet the residents' needs, readily available for use. Issued as unmet as evidenced by: • It was noted on July 8/09 that staff on the 2nd floor home area did not have an adequate supply of gloves and incontinent products	Immediate corrective action to be initiated.

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Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	• The system in place in the home to provide these supplies to staff can cause undo and lengthy delays in the provision of care while a supervisor accesses a locked area to retrieve supplies. • The above noted system is not consistent with the policies and procedures in the home.	
	The following criteria are being issued as unmet as a result of this Annual inspection:	
A1.12	A resident shall not be restrained unless there is an identified risk of injury to him/herself or others, and other alternatives have been considered and have been found to be ineffective. Std draft Issued as unmet as evidenced by: Four residents in physical restraints were monitored. • Resident #1 was noted to be restrained using a front fastening seatbelt while sitting in a wheelchair. The reassessment conducted on March 16/09 does not indicate a specific risk related to the use of this device and alternatives to the use of this device have not been considered. • Resident #2 was noted to be restrained using a seat belt and a table top device while sitting in the wheelchair. A reassessment on Feb 8/09 does not indicate a specific risk related to the use of these devices nor does it indicate that alternatives to these devices were considered. • Resident #6 was noted to be restrained using a seat belt and table top device while sitting in the wheelchair. A reassessment on Mar 10/09 does not identify a specific risk to safety related to these devices nor is there evidence that alternatives to these devices have been considered. • Resident #7 was noted to be restrained using a seat belt and a table top while sitting in a wheelchair. A reassessment conducted on Mar 14/09 does not indicate a specific risk to safety related to these devices nor is there evidence alternatives to these devices were considered.	Immediate corrective action to be initiated.
A1.15	The use of a physical restraint may be continued only on the written order of a physician who is attending the resident. The type of restraint and orders for application shall be documented on the resident's record and reviewed at least quarterly following the interdisciplinary team conference. Issued as unmet as evidenced by: Four residents in physical restraints were monitored • 3 of 4 residents monitored were being restrained using two devices (seat belt and table top). All three residents did not have orders for one of the two devices being used.	Immediate corrective action to be initiated

Received for the Facility by / Reçu pour l'établissement par

Brenda Swan Administrator

Signature of Community Health Division representative
Signature du (de la) représentant(e) de la Division de la santé communautaire

P H Bondy

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Ontario

Report of Unmet Standards or Criteria

Rapport sur les normes ou critères non respectés

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Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
A1.19	Minimum interventions for physically restrained residents shall include but not be limited to, hourly checks to monitor the resident's safety, comfort and position of the restraint and the release of the restraint and repositioning every two hours when the resident is awake. Issued as unmet as evidenced by: • One resident who was being restrained using a seat belt while in the wheelchair was monitored for a period of time in excess of two hours and during that time the resident was not checked for safety and position of the restraint nor was the restraint released and the resident repositioned during that time. Documentation in the legal clinical record reviewed the following day indicates the resident was repositioned during this time.	Immediate corrective action to be initiated
B2.3	An organized, documented interdisciplinary team conference shall be held with the resident/ representative, if they are able and wish to attend, within six weeks following admission, to review and further develop the written plan of care. Issued as unmet as evidenced by: • Two of two newly admitted residents were reviewed and there is no evidence in the clinical record that a post admission conference was held.	Immediate corrective action to be initiated
C1.19	Each resident's response to medications and treatments shall be monitored and evaluated and changes shall be made as required. Issued as unmet as evidenced by: • Treatment Administration records for 3 residents on the 2nd floor home area were reviewed. All three residents were receiving physician ordered treatments for skin irritation. The clinical records for all three residents did not indicate the effectiveness of these treatments was evaluated. • Medication Administration records for 6 resident were reviewed for the period of July 1 – 9, 2009. Resident #13 was given a PRN medication 13 times, Resident #14 was given a PRN medication once, Resident #15 was given a PRN medication twice, Resident #16 was given a PRN mediation twice, Resident #17 was given a PRN medication 3 times and Resident #18 was given a PRN mediation6 times. There is no evidence in the clinical record that the effectiveness of these medications was evaluated.	Immediate corrective action to be initiated.
M3.7	Unusual occurrences shall be reported according to Ministry policy. Issued as unmet as evidenced by:	Immediate corrective action to be initiated

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Signature of Community Health Division representative
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Original: Division des la santé communautaire Copie: Établissement de soins de longue durée

Ontario

Report of Unmet Standards or Criteria

Rapport sur les normes ou critères non respectés

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Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	• It was noted during a review of Resident #3's clinical record that there were multiple times where this resident hit other residents and staff, was removing co-residents from the toilet and was noted to be standing over a co-resident who identifies that this resident was choking her. These incidents were not reported to the Ministry. • It was noted that on Jan. 8/09 Resident #3 had eloped from the building and was found outside banging on the door to get back into the home. • It was noted that on July 6/09 Resident # 10 was pushed to the floor by another resident and this incident was not reported to the Ministry. • It was noted that Resident # 9 eloped from the building on April 20/09, June 21/09 and July 8/09. These incidents were not reported to the Ministry.	
M3.22	There shall be an ongoing program of surveillance to determine the presence of infections. Each resident admitted to a LTC facility shall be screened for tuberculosis within 14 days of admission. Issued as unmet as evidenced by: • 3 of 3 recently admitted residents did not receive screening for the presence of tuberculosis	Immediate corrective action to be initiated
	A plan for corrective action is to be submitted to the Hamilton Services Area Office on or before July 31, 2009. Phyllis.HiltzBontje@Ontario.ca	

Received for the Facility by / Reçu pour l'établissement par

Brenda Lenon Administrator

Signature of Community Health Division representative
Signature du (de la) représentant(e) de la Division de la santé communautaire

P Hiltz

Original: Community Health Division Copy: Long-Term Care Facility
Original: Division des la santé communautaire Copie: Établissement de soins de longue durée

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Plan of Corrective Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection		Ministry Representative/Représentate(e) au ministère
West Park Health Centre	From/de July 6,7,8,9 ,10	To/à	Phyllis Hiltz-Bontje
	Type of review/inspection/Type d'inspection annual	Plan submitted by/Plan soumis par West Park Health Centre	Plan receipt date/Date de réception du plan August 7,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
A1.23	Suggestions and complaints from the resident's council shall be documented, investigated and responded to in writing by the administrator of the facility within 21 days. Issued as unmet as evidenced by: Documentation available in the minutes of the Resident Council meetings does not provide evidence that the following issues were addressed: • Dec.15/08- residents request a box of cards in order to have on hand for thank you, congratulations, sympathies etc. • Dec15/08 residents identify noise in the dining room at lunch and dinner remains and issue • Jan 19/09 – residents' request for the purchase of a convection oven for the baking program • Jan 19/09 –residents request for the Key tones to sign /play for the valentine social. • Feb 16/09 resident's request for a temporary maintenance person on weekends • Feb 16/09- residents request for a new deep fryer • Feb 16/09-resid3ent concerns that staff/residents are not knocking on door before entering washroom • April20/09- residents raise concern with respect to the patio door being too heavy to slide open • April20/09- resident's indicate that the tree at the front of the building has bugs on it and needs to be sprayed. • April 20/09- residents indicate they wish to attend family Council • April20/09- residents indicate that the washrooms do not smell good and families are complaining • April20/09 –residents' request to have more program games when staff are off.	Immediate Action • Administrator began to attend Resident Council meetings by invitation May 26/09 Short Term Goal • To continue to use Diversicare's form ADM 056 Resident issues-Resident Council/Forum for previous reports and all future meetings. • Administrator attends meetings and prepares minutes to be aware of all resident concerns, will include form ADM 056 with minutes. All minutes are posted with copies for residents/family members to take and read. Long Term Action • Audit previous meeting minutes to ensure form ADM 056 is included within 21 days of meeting. To be completed September 30, 2009

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Ministry of Health

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Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentate(e) au ministère
West Park Health Centre	From/de July 6,7,8,9 ,10 To/à	Phyllis Hiltz-Bontje
	Type of review/inspection/Type d'inspection annual	Plan submitted by/Plan soumis par West Park Health Centre
		Plan receipt date/Date de réception du plan August 7,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B1.17	Each resident who exhibits skin breakdown and or wounds shall be assessed each week or more frequently, if needed, by a member of the registered nursing staff. Issued as unmet as evidenced by: • 3 of 3 residents reviewed who were receiving physician ordered treatments for skin breakdown did not have the effectiveness of those treatments evaluated on a weekly basis. • Resident #5 who demonstrated skin breakdown over a significant period of time and was receiving current treatment for skin breakdown was reviewed and there was no evidence in the clinical record that this residents' wound and treatments were being evaluated weekly.	Immediate Action • DRC will review all TARs for completeness and to ensure wounds and treatments are being evaluated as policy Short Term Action • ADRC will be hired by August 31/09 . Will be responsibility of ADRC to ensure ongoing treatments and weekly evaluations of any skin related issue are completed by reviewing required documentation is completed on a weekly basis ongoing. Long Term Action • DRC will audit on a monthly basis using Diversicare audit Medication and treatment, 4-4-14 that all skin issues are maintained and evaluated at minimum of weekly ongoing • Evening Shift RN Supervisor will be the Skin Care Coordinator. The nurse will follow Policy NM-11-S010 for her role, responsibility and procedures. To be completed September 30, 2009

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Ministère de la Santé
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Plan of Corrective Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentate(e) au ministère
West Park Health Centre	From/de July 6,7,8,9 ,10 To/à	Phyllis Hiltz-Bontje
	Type of review/inspection/Type d'inspection annual	Plan submitted by/Plan soumis par West Park Health Centre
		Plan receipt date/Date de réception du plan August 7,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B1.6	Each residents' care and service needs shall be re assessed at least quarterly and whenever there is a change in a residents' health status, needs or abilities. Issued as unmet as evidenced by: • Resident #5 did not have a care and services need review and reassessment by Nursing within a three month period. • Resident#7 did not have a care plan and services need review and reassessment by Nursing, Dietary and Activities within a three month period. • The data elements coded in the MDS assessment tool that are identified as relevant to the resident are not further analyzed related to the impact these issues may have for specific residents.	Immediate Action • DRC reviewed the two charts. Reviews cannot be completed as backdated, DRC made sure there is a current quarterly summary/RAP summary for both of the identified residents. Completed August 4/09 Short Term Action • Have replaced the RAI coordinator, she began July 1,09. We recognized we had issues with the assessments and the RAPs. We were behind on several RAP/quarterly assessments. We are on track now for assessments and RAP summary/quarterly summary and will proceed moving forward meeting all timelines, ongoing Long Term Action • RAI Co-ordinator will audit assessments and RAP timelines to ensure timelines are maintained. • DRC will monitor scheduler weekly ongoing To be Competed August31/09

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B3.52	Each residents' hygiene and grooming care shall meet his/her needs and shall consider his/her preference whenever possible. Issued as unmet as evidenced by: • On July6,7,8 &9, 2009 residents were noted to be sitting in wheelchairs at the nursing station area on the 2nd floor home area without have had their hair combed, in soiled clothing and incompletely clothed(one shoe/slipper, no shoes/slippers, mismatched socks) • A group of residents monitored on July 10,2009 on the 2nd floor home area revealed that at 10:30 am tooth brushes for 6 residents monitored had not been used that day to provide mouth care before or after breakfast. • 2 residents were observed to have white material caked on their teeth at the gum line.	Immediate Action • Meeting held with nursing staff to discuss findings of this review. Meeting held July 20/09 • All nursing meeting held July 28/09 policies and procedures reviewed for personal hygiene NM-II-P030 and Oral Care NM-II-O005 meetings to continue on a weekly basis ongoing • Management staff reviewed each and every resident's bedside table to ensure each resident had labelled toothbrush toothpaste and other care items necessary for daily care and grooming. Completed July 29/09 Short Term Action • Have reviewed work assignments and made staffing changes to the units Competed August 4/09 • Will have and extra HCA shift each month to have a nursing staff go to each bedside table and review that necessary items are present and labelled and restock as necessary. Long Term Action • DRC will audit appearance of residents on a weekly basis, ongoing To be completed August 31/09

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B5.5	When a resident wishes to purchase her or his own continence care products, the reason for doing so shall be documented. These reasons shall include an explanation as to why the resident SDM or family member deems the products offered by the LTC Home operator to be inadequate to meeting the resident's needs issued as unmet as evidenced by: • Documentation in the 24 hour report for one resident indicates "spoke to hubby about purchasing pull-ups" The residents' room was monitored and a package of pull-ups briefs was noted to be in closet. There is no documentation in the clinical record that identifies the reason for this request or the care needs of the resident. When questioned the Director of Care was unaware the family were purchasing the incontinent products.	Immediate Action • Address issue with staff member to determine the reason for asking for pull ups • Educate staff on responsibility of home to provide incontinent products , will address at weekly on Nursing meeting August 11/09 Short Term Action • ADRC will be hired by August31/09. Documentation in the clinical record as well as updating and reviewing of care plans will be the responsibility of the ADRC. Long Term Action • ADRC will audit continence care needs and ensure documentation and assessments are complete and accurate to the residents needs. To be Competed September 30, 2009

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Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
annual	West Park Health Centre	August 7,2009

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
O4.13	There shall be a supply of clean linen (including continence care supplies), sufficient to meet the residents' needs, readily available for use. Issued as unmet as evidenced by: • It was noted on July 8/09 that staff on the second floor of the home area did not have an adequate supply of gloves and incontinent products • The system in place in the home to provide these supplies to staff can cause undo and lengthy delays in the provision of care while a supervisor accesses a locked area to retrieve supplies • The above noted system is not consistent with the policies and procedures in the home.	Immediate Action • Policy and procedure Continence Care NM-II-C085 reviewed and made procedure in the home reflective of policy Short Term Action • Meeting held July 28/09 all nursing and policy regarding care baskets NM-II-C010 was reviewed. • Continence Care Committee Policy reviewed NM-11-C095, by DRC. DRC to ensue appropriate people attend meetings quarterly as outlined To be Completed September 30/09 Long Term Action • DRC will revise and send continence care products survey to family and residents on a annual basis

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A1.12	A resident shall not be restrained unless there is an identified risk of injury to him/herself or others and other alternatives have been considered and have been found to be ineffective Issued as unmet as evidenced by: Four residents in restraints were monitored. • Resident#1 was noted to be restrained using a front fastening seatbelt while sitting in a wheelchair. The reassessment conducted on March 16/09 does not indicate a specific risk related to the use of this device and alternatives to the use of this device have not been considered. • Resident#2 was noted to be restrained using a seat belt and a table top device while sitting in the wheelchair. A reassessment on Feb 8/09 does not indicate a specific risk related to the use of these devices nor does it indicate that alternatives to these devices were considered. • Resident#6 was noted to be restrained using a seat belt and table top device while sitting in the wheelchair A reassessment on Mar 10/09 does not identify a specific risk to safety related to these devices nor is there evidence that alternatives to these devices have been considered. • Resident#7 was noted to be restrained using a seat belt and a table top while sitting in a wheelchair. A reassessment conducted Mar14/09 does not indicate a specific risk to safety related to these devices nor is there evidence alternatives to these devices were considered.	Immediate Action • DRC will review documentation of identified residents to correct To be completed August 11/09 Short Term Action • To educate Registered staff on expectations of physical restrains use. Policy NM-II-P035 provided to registered staff. • To hire and ADRC for August 31/09 Long Term Action • ADRC will audit documentation to ensure completeness on an ongoing basis To be Completed September 30,2009

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A1.15	The use of a physical restraint may be continued only on the written order of a physician who is attending the resident. The type of restraint and orders for application shall be documented on the resident's record and reviewed at least quarterly following the interdisciplinary team conference. Issued as unmet as evidenced by: Four residents in physical restraints were monitored • 3 of 4 residents monitored were being restrained using two devices (seat belt and table top). All three residents did not have orders for one of the two devices being used. •	Immediate Action • DRC will review identified residents to review correct physicians order and communicate to front lie staff Short Term Action • DRC will review all orders for restraints and working with physician will look at appropriateness and alternatives To be completed by August 31/09 Long Term Action • DRC will do weekly audits, will audit that only ordered restraints are applied. To be Completed August 31/09

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A1.19	Minimum interventions for physically restrained residents shall include but not be limited to, hourly checks to monitor the resident's safety, comfort and position of the restraint and the release of the restraint and repositioning every two hours when the resident is awake. Issued as unmet as evidenced by: • One resident who was being restrained using a seat belt while in the wheelchair was monitored for a period of time in excess of two hours and during that time the residents was not checked for safety and position of the restraint nor was the restraint released and the resident repositioned during that time. Documentation in the legal clinical record reviewed the following day indicated the resident was repositioned during this time.	Immediate Action • Staff member responsible for that one resident was spoken to Short Term Action • All Nursing Staff meeting held July 28/09, at that meeting staff were given Policy NM-II-P035 Physical Restraints and verbally re educated on the expectations to hourly visualize the resident , at minimum of every two hours release the restraint and change the resident position. All staff instructed to offer to lay residents down for a nap after each meal. Long Term Action • Registered Staff will audit restraints each shift on a ongoing basis To be Completed August31,2009

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82.3	An organized, documented interdisciplinary team conference shall be held with the resident/representative, if they are able to attend and wish to attend, within six weeks following admission, to review and further develop the written plan of care Issued as unmet as evidenced by • Two of two newly admitted residents were reviewed and there is no evidence in the clinical record that a post admission conference was held	Immediate Action • DRC reviewed admission checklist for RN Supervisors to ensure there family meeting was scheduled within the 6 week timeframe • DRC ensured post admission conference was held for both identified residents. ,August 4,2009 Short Term Action • Will hire an ADRC by August 31/09 ADRC will attend all family meetings on an ongoing basis. Long Term Action • DRC will review clinical record of new admissions within 14 days of admission to ensure family meeting is scheduled for within the next four weeks. To be Completed by September 30,2009

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C1.19	Each resident's response to medication and treatments shall be monitored and evaluated and changes shall be made as required. Issued as unmet as evidenced by: • Treatment Administration records for 3 residents on the 2nd floor home area were reviewed. All three residents receiving physician ordered treatments for skin irritation. The clinical records for all three residents did not indicate the effectiveness of these treatments was evaluated. • Medication Administration records for 6 residents were reviewed for the period of July 1-9,2009. resident#13 was given a PRN medication 13 times, Rwesident#14 was given a PRN medication once,Resident#15 was given a PRN medication twice, Resident #16 was given a PRN medication twice, Resident #17 was given a PRN medication tree times and Resident#18 was given a PRN medication 6 times. There is no evidence in the clinical record that the effectiveness of these medications was evaluated.	Immediate Action • DRC will review documentation of identified residents to correct omissions. Short Term Action • Will hire an ADRC for August 31/09. The responsibility of the ADRC will include following through on all documentation in the charts, plans of care, MARs and TARs Long Term Action • DRC will audit MARs and TARs on a monthly basis to ensure completeness. To be completed September 30,2009

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M3.7	Unusual occurrences shall be reported according to ministry policy' Issued as unmet as evidenced by: • It was noted during a review of Resident#3's clinical record that there were multiple times where this resident hit other residents and staff, was removing co-residents from the toilet and was noted to be standing aver a co-resident who identifies that this resident was choking her. These incidence were not reported to the Ministry • It was noted Jan.8/09 Resident#3had eloped from the building and was found outside banging on the door to get back into the home • It was noted that on July 6/09 Resident#10 was pushed to the floor by another resident and this incident was not reported to the ministry. • It was noted that Resident #9 eloped from the building on April20/09, June21/09 and July 8/09. These incidents were not reported to the Ministry.	Immediate Action • Review identified charts and submit CIS reports where able Short Term Action • DRC will bring mede-care printout of entire previous days charting to indicator response meeting each am and documentation will be reviewed to ensure all risks are identified and reported to the ministry in a timely fashion Long Term Action • Registered nursing staff will complete chart audits on an ongoing basis. To be Completed August 31, 2009

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M3.22	There shall be an ongoing program of surveillance to determine the presence of infections. Each resident admitted to a LTC facility shall be screened for tuberculosis within 14 days of admission. Issued as unmet as evidenced by: • 3 of 3 recently admitted residents did not receive screening for the presence of tuberculosis	Immediate Action • DRC reviewed all recent admissions to determine completeness of TB testing Short Term Action • Re educate Registered Nursing staff to protocol for TB testing including administration and documentation. Long Term Action • DRC will audit charts of new admissions within first 14 days. To be Completed September 30,2009

Ontario

Report of Unmet Standards or Criteria / Rapport sur les critères non respectés

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Date of review/Date de l'inspection
July 7(1/2 day),8,10,15, , 2009
Exit Interview July 17, 2009

Long-Term Care Facility/ Établissement de soins de longue durée
West Park Health Centre

Address/Adresse
103 Pelham Road, St. Catherine's, ON L2S 1S9

Name and title of Division representative/Nom et fonction du (de la) représentant(e) de la Division
Michelle Warrener, Dietary Advisor, Hamilton Service Area Office

Type of review/Genre d'inspection

- ☐ Annual / Annuelle
- ☒ Follow-up / Suivi
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Complaint Investigation follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-sale / Préalable à la vente
- ☐ Post-sale / Postérieure à la vente
- ☐ Pre-license / Préalable à la délivrance du permis
- ☐ Other (*specify*) / Autre (*précisez*) >

The following statements reflect the results of the facility operational review as based on Ministry of Health and Long-Term Care standards and criteria for resident care, programs and services in Long-Term Care facilities.

Les observations suivantes illustrent les résultats de l'inspection des opérations de l'établissement effectuée sur la base des normes et critères du ministère de la Santé en matière de soins aux pensionnaires et de programmes et de services offerts dans les établissements de soins de longue durée.

Standard or criteria / Normes ou critères	Review results / Résultats de l'inspection	Date for corrective action / Date de la mesure corrective
	The following previously issued un-met criterion (issued on the March 2008 Dietary Referral review) remains outstanding and will be followed up at the next review: M1.7 **The following un-met criteria are issued as a result of this Dietary Follow Up review:**	
B3.24	Each resident's height shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently at least monthly. Changes in weight shall be evaluated and action shall be taken as required. This criterion is not met as evidenced by: - Resident #1 had an order for weekly weights, however, only one weight was recorded for April. - Re-weights, to verify the accuracy of significant weight change are not consistently recorded.	Initiate immediately

Received for the Facility by / Reçu pour l'établissement par
Brenda Sinn Administrator

Signature of Health System Accountability and Performance Division representative / Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé
M Warrener, HO

Ontario

Report of Unmet Standards or Criteria / Rapport sur les critères non respectés

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

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 Hamilton
119, rue King Ouest, 11e étage
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Standard or criteria / Normes ou critères	Review results / Résultats de l'inspection	Date for corrective action / Date de la mesure corrective
	- Weight changes are not evaluated in a timely manner. Resident #10 had significant weight loss in July (9.7% in one month) which has not been assessed (almost two weeks without any documentation or assessment of the change). - Resident #11 had weight loss in May with a goal of weight maintenance. The plan of care was not revised in relation to the weight change. The resident did not have their weight recorded for June and there was further weight loss in July (5.6%).	
B3.32	Each resident shall receive encouragement, supervision and assistance with food and fluid intake to promote his/her safety, comfort and independence in eating. This criterion is not met as evidenced by: - Not all residents received the required level of encouragement and assistance with food and fluid. Six residents requiring total dependence or extensive assistance with eating did not receive assistance/did not receive the required level of assistance at the observed lunch (1st floor) and supper (2nd floor) meals. Several of the residents ate poorly or not at all. - A resident who requires increased assistance with eating (Resident #6) was not provided with meal assistance. The resident did not want to move to a table with residents who were unable to converse with the resident and an alternative plan was not documented to ensure the resident received the required level of assistance.	Initiate immediately
B3.57	For each resident who has been identified as being at risk for constipation, measures shall be taken to remedy and to prevent the occurrence of constipation, including the use of natural stimulants. These measures shall be determined by the interdisciplinary team, and consented to by the resident or, if the resident is incapable of providing consent, by his or her substitute decision-maker (SDM) and documented on the resident's plan of care. This criterion is not met as evidenced by:	Initiate immediately

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Report of Unmet Standards or Criteria / Rapport sur les critères non respectès

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Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	- The bowel protocol was not followed consistently for residents with constipation. - Resident #10 did not receive treatment for constipation until day 7 without a bowel movement and a laxative was also not provided for four days without a bowel movement. - Resident #6 had two episodes of no bowel movements for 4 days but a laxative was not given (as per the protocol). - Resident #11 is consistently refusing the evening laxative, resulting in ongoing constipation (5 days no bowel movement). This has not been evaluated. - Resident #13 did not receive treatment until 7 days without a bowel movement. - A resident complained of constipation to a degree that the resident was nauseous, unable to eat, and was uncomfortable and interventions were not evaluated for effectiveness.	
B5.4	All documentation in the resident's health record shall be: • current • complete • accurate • legible • written by the person who made the observation or who provided or supervised the care or treatment • written as close to the time of the event as possible • written in chronological order • permanently recorded • identified by the date, time, signature and status of the person documenting the entry. This criterion is not met as evidenced by: - Three residents reviewed had documentation in their charts that belonged to other residents. - Not all care plans identified the year. - Resident #6 requires a supplement TID, however, the supplement was only recorded 9 times for the month of June. - The admission weight for resident #3 was inaccurate (11kg difference) and a 9kg discrepancy was noted for the same	Initiate immediately

Received for the Facility by / Reçu pour l'établissement par

Brenda Sinan Administrator

Signature of Health System Accountability and Performance Division representative
Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

H Warnemen, PO

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du système de santé

Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

Ontario

Report of Unmet Standards or Criteria / Rapport sur les critères non respectès

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Standard or criteria / Normes ou critères	Review results / Résultats de l'inspection	Date for corrective action / Date de la mesure corrective
	month's weight in the progress notes for resident #6. - Documentation reflects that RAPs were completed for resident #5, however, they were not available in the resident's chart. - Documentation for resident #12 does not reflect that blood glucose testing was recorded according to the order.	
P1.21	Meals shall be served one course at a time, unless individual residents request otherwise. This criterion is not met as evidenced by: - Meals were not served course by course. Desserts were placed on tables prior to residents finishing their entrees, giving the appearance of rushed meal service. - Dirty dishes were not cleared from tables between courses. **Plan of Corrective Action due to the Hamilton Service Area Office by: July 31, 2009. The plan may be e-mailed to: Michelle.Warrener@ontario.ca**	Initiate immediately

Received for the Facility by / Reçu pour l'établissement par

Signature of Health System Accountability and Performance Division representative
Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

M Warrener RO

Ontario

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Plan of Corrective Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection		Ministry Representative/Représentate(e) eu ministère
West Park Health Centre	From/de July 7, 8,10, 152009 To/à		, Compliance Advisor M.Warrener RD
	Type of review/inspection/Type d'inspection Follow-up	Plan submitted by/Plan soumis par West Park Health Centre	Plan receipt date/Date de réception du plan

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B3.24	Each Residents' height shall be recorded on admission and his/her weight shall be measured and recorded on admission and subsequently at least monthly. Changes in weight shall be evaluated and action shall be taken as required. This criterion is not met as evidenced by: - Resident #1 had an order for weekly weights, however, only one weight was recorded for April. - Re-weighs, to verify the accuracy of significant weight change are not consistently recorded. - Weight changes are not evaluated in a timely manner. Resident #10 had significant weight loss in July (9.7% in one month) which has not been assessed (almost two weeks without any documentation or assessment of the change) - Resident #11 had weight loss in May with a goal of weight maintenance. The plan of care was not revised in relation to the weight change. The resident did not have their weight recorded for June and there was further weight loss in July (5.6%).	IMMEDIATE ACTION: 1. Re-educate all Registered nursing staff re use of dietary referral tool 2. RN Supervisor to ensure that all weights are recorded and entered into medecare as per homes policy and procedure by the first weekend of the month. 3. RN Supervisor to print out medecare weight list and review upon completing the weights . 4. RN Supervisor to activate re-weigh for all residents whose weight has changed by more than 5%after reviewing print out 5. RN Supervisor to generate a dietary referral form for weight loss/gain SHORT TERM GOAL: 1. RN Supervisors are to review all care plans that have been implemented requiring weekly weights to ensure weights are taken, after being notified by RD that an intervention in the plan of care is to weigh weekly. 2. RD to re-access if required and/or nursing to modify care plan. LONG TERM GOAL: 1. RN Supervisor to conduct monthly weight audits for residents who have weight changes of more than 5% to determine if intervention has been effective 2. RN Supervisor to notify dietary via referral tool if the problem is persistent (resident has lost or gained more weight) 3. RD to re-access and modify care plan if required Completion Date September 30/09

Ontario

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Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentate(e) du ministère
West Park Health Centre	From/de July 7,8,10,15, 2009 To/à	. Compliance Advisor M. Warrener RD
	Type of review/inspection/Type d'inspection Follow-up	Plan submitted by/Plan soumis par West Park Health Centre
		Plan receipt date/Date de réception du plan

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B3.32	Each Resident shall receive encouragement, supervision and assistance with food and fluid intake to promote his/her safety, comfort and independence in eating. This criterion is not met as evidenced by: - Not all residents received the required level of encouragement and assistance with food and fluid. Six Residents requiring total dependence or extensive assistance with eating did not receive assistance/did not receive the required level of assistance at the observed lunch. (1st floor) and supper (2nd floor) meals. Several of the residents ate poorly or not at all. - A resident who requires increased assistance with eating (Resident #6) was not provided with meal assistance. The resident did not want to move to a table with residents who were unable to converse with the resident and an alternative plan was not documented to ensure the resident received the required level of assistance.	IMMEDIATE ACTION: 1. Nursing to review all care plans where encouragement, feeding assistance and total feeding assistance are indicated 2. Nursing to work with Dining services manager to organize dining room in such a manner as to promote encouragement and/or assistance SHORT TERM GOALS: 1. Nursing to ensure that sufficient staff are available to assist at all meals 2. Use all hands on deck approach – everyone should be in the dining room at meal times 3. Monitor daily to ensure that resident's needs are being met and are reflective of care plan LONG TERM GOALS: 1. Conduct weekly and then monthly audits to ensure residents are being assisted. 2. Assign Dining room responsibility to RPN for each dining room at each meal Completion Date September 30/09

Ontario

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Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentante(e) au ministère
West Park Health Centre	From/de July 7,8 10, 15, 2009 To/à	, Compliance Advisor M. Warrener

Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
Follow-up	West Park Health Centre	

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B3.57	For each resident who has been identified as being at risk for constipation, measures shall be taken to remedy and to prevent the occurrence of constipation, including the use of natural stimulants. These measures shall be determined by the interdisciplinary team and consented to by the resident or, if the resident is incapable of providing consent, by his or her substitute decision-maker (SDM) and documented on the resident's plan of care. This criterion is not met as evidenced by: - The bowel protocol was not followed consistently for residents with constipation. - Resident #10 did not receive treatment for constipation until day 7 without a bowel movement and a laxative was also not provided for four days without a bowel movement. - Resident #6 had two episodes of no bowel movements for 4 days but a laxative was not given (as per the protocol) - Resident #11 is consistently refusing the evening laxative, resulting in ongoing constipation (5 days no bowel movement). This has not been evaluated. - Resident #13 did not receive treatment until 7 days without a bowel movement. - A resident complained of constipation to a degree that the resident was nauseous, unable to eat, and was uncomfortable and interventions were not evaluated for effectiveness.	Immediate Action • DRC will review plans of care for identified residents related to constipation Short Term Action • Registered Nursing staff will be re-educated on the bowel protocol and documentation requirements. Long Term Action • ADRC will audit documentation in the clinical record on a daily basis, ongoing Completion Date August 31/09

Ontario

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Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentate(e) au ministère
West Park Health Centre	From/de July 7,8,10,15, 2009 To/à	. Compliance Advisor M. Warrener RD
	Type of review/inspection/Type d'inspection Follow-up	Plan submitted by/Plan soumis par West Park Health Centre
		Plan receipt date/Date de réception du plan

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
B5.4	All documentation in the resident's health record shall be: ▪ Current. ▪ Complete. ▪ Accurate. ▪ Legible. ▪ Written by the person who made the observation or who provided or supervised the care or treatment. ▪ Written as close to the time of event as possible. ▪ Written in chronological order. ▪ Permanently recorded. ▪ Identified by the date, time signature and status of the person documenting the entry. This criterion is not met as evidenced by: - Three residents reviewed had documentation in their charts that belonged to other residents. - Not all care plans identified the year. - Resident #8 requires a supplement TID, however, the supplement was only recorded 9 times for the month of June. - The admission weight for resident #3 was inaccurate (11kg difference) and a 9kg discrepancy was noted for the same month's weight in progress notes for resident #6. - Documentation reflects that RAPs were completed for resident #5, however, they were not available in the resident's chart. - Documentation for Resident #12 does not reflect that blood glucose testing was recorded according to the order.	Immediate Action • DRC will review identified areas of concern Short Term Action • Educate Registered staff, department managers and Registered Dietician on Documentation standard Guidelines NM-II-D035. Long Term Action • ADRC will audit all clinical records on an ongoing basis. Completion Date November 30/09

Ontario

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West Park Health Centre	From/de July 7,8,10,15, 2009 To/à	, Compliance Advisor M. Warrener RD
	Type of review/inspection/Type d'inspection Follow-up	Plan submitted by/Plan soumis par West Park Health Centre
		Plan receipt date/Date de réception du plan

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
P1.21	Meals shall be served one course at a time, unless individual residents request otherwise. This criterion is not met as evidenced by: - Meals were not served course by courses. Desserts were placed on tables prior to residents finishing their entrees, giving the appearance of rushed meal service. - Dirty dishes were not cleared from tables between courses.	IMMEDIATE ACTION: 1. Re-educate all staff re P1.21 standard. All courses are to be served one at a time and soiled dishes are to be removed between each course, unless plan of care indicates otherwise. SHORT TERM GOALS: 1. Monitor Dining Room daily RPN to be given responsibility to monitior dining rooms daily LONG TERM GOALS: 1. Conduct monthly audits to ensure changes are maintained. Completion Date September 30,2009

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Report of Unmet Standards or Criteria

Raport sur les normes ou Critères non respectés

Long-Term Care Facility/Établissement de soins de longue durée

West Park Health Centre

Standards or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
O2.4	**Plant and environmental control systems shall be maintained in good operating order.** Criterion not met as evidenced by the following: 1. Various exhaust fans which are light switch operated are not functioning or not working to capacity. 2. The central exhaust system on the second floor in room #219 and in washrooms #28 and #29 was not functioning.	Immediate action to be initiated.
M3.3	**Safety systems shall be in place and policies, procedures and practices shall be implemented to identify and minimize hazards to residents, staff and visitors.** Criterion not met as evidenced by the following: 1. Numerous loose toilet seats identified in resident washrooms and in tub/shower rooms. 2. Coffee/hot water machine accessible to residents in the 2nd floor dining room. 3. Iodine and other disinfectants accessible to residents in various areas (#15 shower room, 2nd floor stock room, DOC office and on housekeeping carts). 4. The tall gate leading to the street from the resident accessible enclosed outdoor courtyard was found wide open. No staff were present in the area. 5. The flagstones in the outdoor enclosed courtyard have heaved and shifted causing an uneven walk-way. (See also O2.6) 6. Resident's electrical appliances are not monitored for condition on a regular basis and no documentation is available to determine if the items have been inspected upon admission for CSA or UL approval. (See also O2.5) 7. The audio component of the nurse call system in both dining rooms is not audible during meal times and staff did not respond to residents who activated the system.	Immediate action to be initiated.

Received for the Facility by/Reçu pour l'établissement par	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Brenda Sinan Administrator	

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du système de santé

Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

Ontario

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Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentante(e) du ministère
West Park Health Centre	From/de July.7,9, 2009 To/à	Bernadette Susnik
	Type of review/inspection/Type d'inspection Referral #882-2008	Plan submitted by/Plan soumis par West Park Health Centre
		Plan receipt date/Date de réception du plan August 7/09

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
O2.4	Plant and environmental control systems shall be maintained in good operating order. Criterion not met as evidenced by the following: 1. Various exhaust fans which are light switch operated are not functioning or working to capacity 2 The central exhaust system on the second floor in room #219 and in washroom #28 and #29 was not functioning.	Immediate Action • 3 Bathroom fans were ordered and work order in place Short Term Action • Central exhaust system was inspected by contracted service and a motor in one exhauster was repaired Long Term Action • Maintenance to audit exhaust fans weekly to ensure they are functioning and inform contractor. Completion date August 31, 2009

Ministry of Health

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West Park Health Centre	From/de July 7,9, 2009 To/à	Bernadette Susnik

Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
Referral #882-2008	West Park Health Centre	August 7/09

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
M3.3	Safety systems shall be in place and policies, procedures and practices shall be implemented to identify and minimize hazards to residents, staff and visitors. Criterion not met as evidenced by the following. 1. Numerous loose toilet seats identified in resident washrooms and in tub/shower rooms 2. Coffee/hot water machine accessible to residents in the 2nd floor dining room. 3. Iodine and other disinfectants accessible to residents in various areas (#15 shower, room, 2nd floor stock room, DOC office and on housekeeping carts) . 4. The tall gate leading to the street from resident accessible enclosed courtyard was found wide open. No staff were present in the area. 5. The flagstones in the outdoor enclosed courtyard have heaved and shifted causing an uneven walk-way. (See also O2.6) 6. Resident's electrical appliances are not monitored for condition on a regular basis and no documentation is available determine if the items have been inspected upon admission for CSA or UL approval (See also O2.5) 7 The audio component of the nurse call system in both dining rooms is not audible during meal times and staff did not respond to residents who activate the system	Immediate Action • All items were addressed and recorded on a daily maintenance log: 1. loose toilet seats will be tightened by maintenance. Meeting scheduled with all nursing staff, will stress to HCA staff the importance of reporting by writing on the daily maintenance log issues that need to be addressed. Logs age kept in binder at each nursing station. 2. Coffee/hot water dispenser-Vitality to be contacted to have a cover over spout. 3. Addressed at nursing staff meeting to ensure all chemical, disinfectants are left in a secured cupboard. Alcohol from DOC office removed. 4.New latch put on gate in order to ensure resident safety 5. Estimate to repair flagstone in courtyard to be obtained 6. Will follow Electrical policy ES-VIII-45 for all existing electrical appliances and any newly admitted residents. 7. Work order to Atel (contracted service) to have speakers in dining room functioning at an audible volume. Short Term Action • Will follow up with estimates and work orders for possible completion dates. Long Term Action • Maintenance will conduct audits on an ongoing basis to maintain compliance. Completion date September 30, 2009

7530-4481

Ministry of Health

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Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection		Ministry Representative/Représentante(e) au ministère
West Park Health Centre	From/de July 7,9, 2009 To/à		Bernadette Susnik
	Type of review/inspection/Type d'inspection Referral #882-2008	Plan submitted by/Plan soumis par West Park Health Centre	Plan receipt date/Date de réception du plan August 7/09

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
O2.9 (re-issue)	Unmet criterion O2.9 previously issued on the Annual Report dated October 6, 2008 is being re-issued. Flooring shall be composed of a smooth, tight-fitting, impervious, non-slippery material that is maintained free of cracks, breaks and open seams. Criterion not met as evidenced by the following: Second floor dining room has 50+ cracked floor tiles. Various resident rooms/bathing rooms and kitchen as well as some tiles in the corridors have cracked floor tiles.	Immediate Action • Maintenance completed a audit to view all rooms, residents' rooms and bathrooms Completed July 29/09 Short Term Action • Will obtain an estimate to replace floor in dining room flooring with a sheet vinyl versus tiles. • Areas with minimal tile cracks will be replaced with existing tile replacements. Long Term Action • To develop a plan for all flooring replacement Completion date October 2009

Ontario

Observation/Discussion Summary

Sommaire des observations et discussions

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
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Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Date of review/Date de l'inspection

July 7 & 9, 2009 Exit July 17/09

Long-Term Care Facility/Établissement de soins de longue durée

West Park Health Centre

Address/Adresse

103 Pelham Road, St. Catharines, ON

Name and title of Division representative/Nom et fonction du(de la) représentant(e) de la Division

Bernadette Susnik, Environmental Health Advisor (Bernadette.Susnik@ontario.ca)

Type of review/Genre d'inspection

- ☐ Annual / Annuelle
- ☒ Follow-up / Suivi
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Complaint Investigation follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-sale / Préalable à la vente
- ☐ Post-sale / Postérieure à la vente
- ☐ Pre-license / Préalable à la délivrance du permis
- ☐ Other (specify) / Autre (précisez) Post Occupancy

The following reflect explanatory detail related to Observations/discussions over the course of the review. This information is provided as guidance to the facility and written response is not required.

On trouvera ci-dessous une explication détaillée des observations et discussions formulées au cours de l'inspection. Ces renseignements sont fournis à l'établissement à titre d'information; il n'est pas nécessaire d'y répondre par écrit.

Laundry (O4.10, O4.14)

- The current system to have new clothing labelled includes a piece of paper stuck to a bag which is then picked up by laundry personnel. Discussed alternatives to ensure that this process involves better tracking and accountability.
- A number of bed pads on beds were found to be in poor condition. Pillow cases noted to be very thin and see through. Linen cart covers (blue) noted to be stained. Several face cloths and towels were pulled from then circulating supply with unacceptable permanent stains on them. Privacy curtains in #124 and 121 are ripped and numerous privacy curtains were either permanently stained or dirty.

Nursing

- It is recommended that slings be tagged in some way to indicate when they were put into circulation.
- No disinfectant was used after resident showers on 2nd floor on July 7th.
- Appropriate disinfectant not available for spores such as C. difficile. (AHP 4.5%)
- Infection control manual was not available at either of the nursing stations.

Received for the Facility by/Reçu pour l'établissement par	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Brenda Sisson Administrator	B Susnik

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du système de santé

Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Observation/Discussion Summary

Sommaire des observations et discussions

Long-Term Care Facility/Établissement de soins de longue durée

West Park Health Centre

Housekeeping (O3.1, O3.3)

- The interior baffles of the home's exhaust system is full of accumulated dust. The grille cover for the air return in the dining room was coated in dust.
- Garbage containers in many resident washrooms are not clean.
- Ceiling fan blades coated in dust in many rooms. Heavy dust accumulation noted in the main kitchen on the light covers near the cooking equipment. Some of the various racks in the kitchen noted to be dusty or dirty.
- The floor surfaces in several resident rooms are stained black. A routine schedule of refinishing and buffing has not been developed. Some floor surfaces have become permanently stained due to a lack of an adequate protective coating to keep tiles from absorbing liquids. Some resident rooms or washrooms have paint chips either imbedded under an old layer of wax or are not being adequately removed during cleaning routines. Floor care improvements needed.
- Several of the resident's wheelchairs were found to be dirty over a two-day period.

Maintenance (O2.11, O2.1, O2.3)

- Several chrome chairs in the 2nd floor dining room and clean linen carts identified to be rusty. Table legs also rusty in the kitchen.
- Several wardrobe door surfaces are not smooth and easy to clean.
- Several lights in various areas noted to be missing light covers.
- Illumination levels in the corridors are inadequate and below the required level of 215 continuous lux. Some of the light fixtures are either 12 or 16 feet apart and the areas in between are almost 0 lux. In some circumstances, staff turn off lights, especially around nursing stations. This practice is not acceptable and will not decrease air temperatures or save on electrical costs.
- Outdoor courtyard was found to have 5 bags of yard waste which have been left for several months. The perimeter of the property in one area was noted to have a pile of brush, offering harbourage for animals and rodents. Paper garbage was also scattered about.
- Stained ceiling tile in #15 washroom.
- The interior cabinet shelves in the clean utility room on 2nd floor are not smooth and easy to clean. The particle board they are made of has become exposed and chipped.
- Overhead fan in #212 is not functional and the water faucet is dripping heavily.
- The wall surface in the 2nd floor shower room is in poor condition (peeling) and the wall board next to the shower area is water damaged. Other bathing rooms have corner damage.
- Hot water leaking heavily in 1st floor housekeeping mop room.
- The door trim is peeling exposing metal in some areas.
- One of the garbage transport bins used by staff was noted to be in poor condition.
- A routine painting schedule has not been developed and followed.

Received for the Facility by/Reçu pour l'établissement par	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Linda Susan Administrator	

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du système de santé

Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

Ontario

Observation/Discussion Summary

Sommaire des observations et discussions

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date of review/Date de l'inspection

July 7 & 9, 2009 Exit July 17/09

Long-Term Care Facility/Établissement de soins de longue durée

West Park Health Centre

Address/Adresse

103 Pelham Road, St. Catharines, ON

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Bernadette Susnik, Environmental Health Advisor (Bernadette.Susnik@ontario.ca)

Type of review/Genre d'inspection

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Brenda Senior Administrator	B Susnik

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du système de santé

Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Observation/Discussion Summary

Sommaire des observations et discussions

Long-Term Care Facility/Établissement de soins de longue durée

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Brenda Susan Administrator	B Lesnik

Original: Health System Accountability and Performance Division
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Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

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Ontario

Ministry of Health and Long-Term Care
Acute Services Division
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Ministère de la Santé et des Soins de longue durée
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Plan of Corrective Action

Plan des mesures correctives

Name of Long-Term Care Facility/Nom de l'établissement de soins de longue durée	Date of review/inspection/ Date de l'inspection	Ministry Representative/Représentate(e) au ministère
West Park Health Centre	From/de July,7,8, 2009 To/à	Bernadette Susnik

Type of review/inspection/Type d'inspection	Plan submitted by/Plan soumis par	Plan receipt date/Date de réception du plan
Referral #882-2008	West Park Health Centre	August 7/09

Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
O2.4	Plant and environmental control systems shall be maintained in good operating order. Criterion not met as evidenced by the following: 1. Various exhaust fans which are light switch operated are not functioning or working to capacity 2 The central exhaust system on the second floor in room #219 and in washroom #28 and #29 was not functioning.	Immediate Action • 3 Bathroom fans were ordered and work order in place Short Term Action • Central exhaust system was inspected by contracted service and a motor in one exhauster was repaired Long Term Action • Maintenance to audit exhaust fans weekly to ensure they are functioning and inform contractor. Completion date August 31, 2009

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Ministry of Health

Ministère de la Santé and Long-Term Care
Acute Services Division
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119 King Street West, 11th Floor
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Plan of Corrective Action

et des Soins de longue durée
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Plan des mesures correctives

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	Type of review/inspection/Type d'inspection Referral #882-2008	Plan submitted by/Plan soumis par West Park Health Centre
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M3.3	Safety systems shall be in place and policies, procedures and practices shall be implemented to identify and minimize hazards to residents, staff and visitors. Criterion not met as evidenced by the following. 1. Numerous loose toilet seats identified in resident washrooms and in tub/shower rooms 2. Coffee/hot water machine accessible to residents in the 2nd floor dining room. 3. Iodine and other disinfectants accessible to residents in various areas (#15 shower, room, 2nd floor stock room, DOC office and on housekeeping carts) . 4. The tall gate leading to the street from resident accessible enclosed courtyard was found wide open. No staff were present in the area. 5. The flagstones in the outdoor enclosed courtyard have heaved and shifted causing an uneven walk-way. (See also O2.6) 6. Resident's electrical appliances are not monitored for condition on a regular basis and no documentation is available determine if the items have been inspected upon admission for CSA or UL approval (See also O2.5) 7 The audio component of the nurse call system in both dining rooms is not audible during meal times and staff did not respond to residents who activate the system	Immediate Action • All items were addressed and recorded on a daily maintenance log: 1. loose toilet seats will be tightened by maintenance. Meeting scheduled with all nursing staff, will stress to HCA staff the importance of reporting by writing on the daily maintenance log issues that need to be addressed. Logs age kept in binder at each nursing station. 2. Coffee/hot water dispenser-Vitality to be contacted to have a cover over spout. 3. Addressed at nursing staff meeting to ensure all chemical, disinfectants are left in a secured cupboard. Alcohol from DOC office removed. 4.New latch put on gate in order to ensure resident safety 5. Estimate to repair flagstone in courtyard to be obtained 6. Will follow Electrical policy ES-VIII-45 for all existing electrical appliances and any newly admitted residents. 7. Work order to Atel (contracted service) to have speakers in dining room functioning at an audible volume. Short Term Action • Will follow up with estimates and work orders for possible completion dates. Long Term Action • Maintenance will conduct audits on an ongoing basis to maintain compliance. Completion date September 30, 2009

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Ministry of Health

Ministère de la Santé
and Long-Term Care
Acute Services Division
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Plan of Corrective Action

Plan des mesures correctives

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West Park Health Centre	From/de July 7,9, 2009 To/à	Bernadette Susnik
	Type of review/inspection/Type d'inspection: Referral #882-2008	Plan submitted by/Plan soumis par: West Park Health Centre
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Standards/Criteria Normes/Critères Act/Reg Loi/Règl.	Ministry review/inspection results Résultats de l'inspection du ministère	LTC Facility plan of corrective action Plan des mesures correctives de l'établissement de SLD
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TAB H

This is **Appendix "H"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Ontario

Hamilton Service Area Office
Performance Improvement and Compliance Branch
Health System Accountability and Performance Division
119 King Street West, 11th Floor
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Bureau régional de services de Hamilton
Direction de l'amélioration de la performance et de la conformité
Division de la responsabilisation et de la performance du système de santé
119, rue King Ouest, 11e étage
Hamilton ON L8P 4Y7
Téléphone: 905-546-8294
Télécopieur: 905-546-8255

August 13, 2009

Ms. Brenda Sinan
Administrator
West Park Health Centre
103 Pelham Road
St. Catharines ON L2S 1S9

Dear Ms. Sinan:

Thank you for meeting to discuss the Annual Review Inspection conducted by Nursing, Dietary and Environmental Health Advisors on July 6, 7, 8, 9, 10, 17, 2009. The purpose of the meeting today is to advise you that effective August 13, 2009, West Park Health Centre will be subject to *Enhanced Inspection and Monitoring* for a period of not less than 90 days.

The decision to initiate formal enhanced inspection activities at West Park Health Centre has been deemed necessary because of ongoing concerns related to the care and services provided to the residents and the home's inability to sustain corrective action.

While the Ministry of Health and Long-Term Care (the Ministry) acknowledges that in the past the home has made attempts to implement corrective actions, the recent Nursing, Dietary and Environmental Health inspections conducted by advisors from the Hamilton Service Area Office indicates that the home presents with several areas of significant risk to residents. A number of these areas have been addressed in previous reviews, indicating that the corrective actions put in place to address key areas of risk have not been achieved or sustained.

The identified areas of risk or concern and the Ministry's expectations related to these risks are as follows:

1) **Lack of provision and respect for resident's rights. In this regard the home must:**
   - Ensure there is a system in place for monitoring the care being provided to residents that respects their right to be treated with dignity and respect at all times.
   - Ensure there is a system in place that provides residents with an environment that is free of mental and physical abuse.
   - Ensure that complaints/suggestions from residents/family including resident's council are documented, investigated and responded to in accordance within MOHLTC expectations.

2/...

Ms. Brenda Sinan

2) **Lack of assessment, planning, care provision, monitoring and evaluation throughout the home specific to resident risk. In this regard, the home must:**
   - Ensure the development and implementation of a risk management program that includes identification of resident risk.
   - Ensure each resident receives assessment, planning, care provision, monitoring and evaluation of care related to their needs with specific attention to:
     1. Responsive behaviors;
     2. Changes in clinical conditions;
     3. Pain management;
     4. Falls;
     5. Bowel Management; and
     6. Level of assistance required for eating.

3) **Lack of provision, monitoring and evaluation in relation to infection control practices throughout the home. In this regard, the home must:**
   - Ensure there are readily available supplies to support infection prevention and control practices, including supplies for Routine Practices.
   - Ensure each resident is screened for tuberculosis on admission.
   - Ensure that the infection prevention and control program is included in the program for monitoring, evaluating and improving quality.

4) **Lack of assessment provision, monitoring and evaluation of care for residents in physical restraints. In this regard the home must.**
   - Ensure residents are assessed prior to the application of a physical restraint and that appropriate orders are obtained.
   - Ensure when a physical restraint is applied that it is applied in a safe manner and that there is regular monitoring of the resident to ensure the device remains safely applied.
   - Ensure residents receive care, including monitoring, release and re-position, of the device when in physical restraints.

5) **Lack of provision, monitoring and evaluation of resident care throughout the home specific to nutritional care. In this regard, the home must:**
   - Ensure that nutritional care is provided to residents in accordance with assessed needs, including interventions associated with therapeutic diets, diet textures, fluid consistencies, special requirements, level of assistance required for eating, and assistive devices.
   - Ensure that an in-depth assessment is completed when there is a change in resident condition.

6) **Lack of provision, monitoring and evaluation of resident care plans. In this regard, the home must:**
   - Ensure care plans are reflective of residents' current needs and are based on the information obtained through a comprehensive assessment process.
   - Ensure that resident care plans are evaluated for effectiveness and revised or modified as necessary.
   - Ensure that care plans provide clear direction to staff providing care.
   - Ensure that referrals are made to other disciplines to address residents' current needs.

Ms. Brenda Sinan

7) **Lack of provision, monitoring and evaluation of a comprehensive Meal Production program. In this regard, the home must:**
   - Ensure all meals are prepared and served according to the approved menus.
   - Ensure all texture modified meals are of the appropriate consistency and texture.
   - Ensure sufficient quantities of foods are prepared and available at meals.
   - Ensure each resident receives the proper diet in relation to texture, type, portion size and any special requirement and/or restrictions.
   - Ensure adequate supplies are available for meal service.
   - Ensure that diet information is reflective of the physician orders, nutritional assessments, and care plan directions.

8) **Lack of provision, monitoring and evaluation specific to weight monitoring. In this regard, the home must:**
   - Ensure each resident is weighed or re-weighed as required.
   - Ensure each resident experiencing weight loss/gain is assessed and referred to the Registered Dietitian for appropriate follow up.
   - Ensure plans of care are modified to address resident specific needs.

The home will remain subject to enhanced inspection and monitoring activities by Ministry staff for a period of not less than 90 days. Unannounced, follow-up inspections will be undertaken throughout the course of this time frame. A comprehensive inspection to determine the status of compliance will be completed following the 90-day enhanced inspection period. The home is advised that significant progress towards sustained compliance of the issues noted above will return the home to regular monitoring status, however, failure to demonstrate progress towards meeting the expectations, as outlined above, could cause the home to be immediately referred to Enforcement. The Ministry may also exercise its rights pursuant to the *Nursing Homes Act,* the Service Agreement or otherwise permitted at law and to consider any available remedies within its jurisdiction if the home fails to meet expectations as outlined.

We are pleased with the strong commitment from staff at West Park Health Centre regarding the above noted requirements, with particular reference to sustained compliance.

Sincerely,

Ann-Marie Case
Manager (A), Hamilton Service Area Office

c: Pat Mandy, CEO, Hamilton Niagara Haldimand Brant LHIN
Tim Burns, Director, Performance Improvement and Compliance Branch, MOHLTC
Sandy Knipfel, Senior Manager, Performance Improvement and Compliance Branch, MOHLTC
Millie Christie, Regional Manager Eastern Canada, Diversicare
Phyllis Hiltz-Bontje, Compliance Advisor
Michelle Warrener, Dietary Advisor
Bernadette Susnik, Environmental Health Advisor

TAB I

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Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

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Ontario

Areas of Non-Compliance 149

Secteurs de non-conformité

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministére 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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11th étage
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Date of review/Date de l'inspection
November 3, 4, 5, 2009
Exit interview November 12, 2009

Long-Term Care Facility/ Établissement de soins de longue durée
West Park Health Centre

Address/Adresse
103 Pelham Road, St. Catherines ON

Name and title of Division representative/Nom et fonction du (de la) représentant(e) de la Division
Michelle Warrener, Dietary Advisor, Hamilton Service Area Office

Type of review/Genre d'inspection

- ☐ Annual / Annuelle
- ☐ Follow-up > / Suivi
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Complaint Investigation follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-sale / Préalable à la vente

Discipline:

- ☐ Post-sale / Postérieure à la vente
- ☐ Pre-license / Préalable à la délivrance du permis
- ☐ Other (*specify*) / Autre (*précisez*) >

The following are areas of non-compliance with:

- ☐ *Nursing Homes Act and Regulation*
- ☐ *Homes for the Aged and Rest Homes Act and Regulation*
- ☐ *Charitable institutions Act and Regulation*

A plan of corrective action to reach compliance must be sent to the Ministry of Health no later than seven days from the date of this inspection.

Voici les secteurs de non-conformité à:

- ☐ *la Loi sur les maisons de soins infirmiers. et les règlements y afférents*
- ☐ *la Loi sur les foyers pour personnes âgées et les maisons de repos, et les règlements y afférents*
- ☐ *la Loi sur les établissements de bienfaisance, et les règlements y afférents*

Veuillez envoyer le plan de mesures correctives pour atteindre la conformité au ministère de la Santé dans les sept jours suivant la date de la présente inspection.

Section no. / Section n°	Summary statement of Areas of Non-Compliance / Sommaire des infractions (secteurs de non-conformité)	Date for corrective action / Date de la mesure corrective
	The following previously issued Area of Non-Compliance (issued on the July 2009 Dietary review) is re-issued with the following additional examples:	
NHA, R.R.O, 1990, Reg. 832, Section 2(2)(2) Previously issued July 2009, March 2008, September 2005, March 2005. Previously issued as P1.14.	NHA, R.R.O, 1990, Reg. 832, Section 2(2)(2) Previously issued July 2009, March 2008, September 2005, March 2005. Previously issued as P1.14. 2. Every resident has the right to be properly fed and cared for in a manner consistent with his or her needs. And with reference to the Long Term Care Program Standards Manual: P1.14 Food shall be prepared and served following standardized food service practices in a manner that: • preserves nutritive value, flavour, colour, texture, appearance and palatability, • prevents contamination or spoilage, • prevents food-borne illness,	Initiate immediately

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Brenda Sinan Administrator

Signature of Health System Accountability and Performance Division representative
Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

M Warrener, RD

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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- ☐ *la Loi sur les établissements de bienfaisance, et les règlements y afférents*

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Section no. Section n°	Summary statement of Areas of Non-Compliance Sommaire des infractions (secteurs de non-conformité)	Date for corrective action Date de la mesure corrective
	• retains maximum nutritive value, and • enhances effective food production. Additional examples include: - The current food production system has not been revised since the Area of Non-Compliance was issued in July 2009. The Home's plan of corrective action has not been implemented. - Not all recipes and therapeutic extension menus were followed by staff preparing meals resulting in reduced nutritional value, decreased visual presentation, and variation in flavour and texture. - Not all recipes reflect actual items being served to residents, recipes do not always provide clear direction to staff preparing/serving meals, and not all recipes were available to direct staff in the preparation of menu items. - Not all menu items were available as required in order to follow standardized recipes. - Residents on pureed menus are not offered the same level of variety as those on regular menus as a result of not following the therapeutic extension menus. - A system is not in place for tracking over/under production. Quantities of items to prepare are not consistently identified on production sheets (One example: only one portion of dessert was indicated for the supper meal Nov 3 and an alternative dessert was not identified for the lunch meal) and shortages of multiple food items were observed. Residents received smaller portions than required due to lack of foods or did not get a choice of meals/desserts as a result of insufficient quantity of foods prepared. Over half the dining room did not get a choice of dessert at two meals monitored by the Dietary Advisor. - Texture modified menu items (pureed texture) were noted to still require chewing at two meals observed. - Foods prepared do not always enhance flavour, nutritive value, and palatability (e.g. minced hamburger served on plain white	

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Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

Ontario

Secteurs de non-conformité

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
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Ministère de la Santé et des Soins de longue durée
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Section no. / Section n°	Summary statement of Areas of Non-Compliance / Sommaire des infractions (secteurs de non-conformité)	Date for corrective action / Date de la mesure corrective
	bread instead of a bun (as per therapeutic extension menu), frozen instead of fresh cauliflower used for the cauliflower salad; frozen versus fresh vegetables used (recipes indicate fresh). - Direction is not provided in relation to portion size for staff serving meals for the Reducing menu, and an individualized Renal menu. Portion size is not always clear on the texture modified menus for multiple items (e.g. staff use scoops, however, portions listed in grams). - Inappropriate items are listed on the therapeutic for the pureed menu (e.g. bacon bits, diced chicken, regular bun, regular lettuce, regular scalloped potatoes, etc). - Meals were served in a hurried manner at the observed supper meal. Food was portioned and then packed up as soon as the last meal was portioned. The food was cleared out of the steam table within 20 mins and food was not available for second portions or for residents who may have requested different food items. A request was made for seconds, however, the residents were told there wasn't any food left. The residents did not receive additional foods. - Meals service was rushed for several residents at the lunch meal November 3, 2009. The last resident was served their entrée at 1:05p.m. and staff were noted to be saying, "it's 1:15, it's past our breaks". Meal service was rushed for the residents who were served last. - A system is not in place to ensure all residents are in the dining room on time and accounted for. Residents were still being brought into the dining room after 12:30pm (meal starts at noon). - Residents were observed leaving the dining room prior to dessert being offered and were not re-directed. - Not all staff used correct portioning utensils resulting in reduced portions being offered to residents.	

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Brenda Swan Administrator

Signature of Health System Accountability and Performance Division representative / Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

H Warner, RO

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du système de santé

Copy: Long-Term Care Facility
Copie: Établissement de soins de longue durée

Ontario

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
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Section no. Section n°	Summary statement of Areas of Non-Compliance Sommaire des infractions (secteurs de non-conformité)	Date for corrective action Date de la mesure corrective
	The following previously issued Area of Non-Compliance (issued on the July 2009 Dietary review) remains outstanding with the following additional examples: NHA, R.R.O. 1990, Reg. 832, Section 75(4) Previously issued July 2009, February 2006, September 2005, March 2005. Previously issued as P1.4 4) The same foods shall not be served in the same form on the same day, or on consecutive days nor shall the same food in the same form be served on the same day of consecutive weeks except where a majority of the residents indicate the contrary to the administrator. And with reference to the Long Term Care Program Standards Manual: P1.4 Each day each resident shall be provided with a variety of foods, including at least the following: • Gain Products: five servings of whole grain or enriched bread and cereals; • Vegetables and Fruits: five 125 ml servings of vegetables, fruits and/or fruit juices; • Milk products: adults - 500 ml; and • Meat and Alternatives: Two servings weighing 50 to 100 grams cooked weight of meat containing 7 grams of protein for each 30 gram serving, or the equivalent grams of protein in alternatives. Additional examples include: - Both entrees are beef for the supper meal Wednesday week 2 which would prevent choice if a resident has a dislike of beef. - The same items are served in the same form for desserts on the same day for several days of the menu. - A variety of items is not offered at the breakfast meal. - Residents receiving a renal menu were served the same foods in the same form at two meals in a row (hamburgers). A complaint was noted from a resident that they are always served hamburgers on the renal menu. - The following comments were voiced by residents during this	

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Ontario

Areas of Non-Compliance 153

Secteurs de non-conformité

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Section no. / Section n°	Summary statement of Areas of Non-Compliance / Sommaire des infractions (secteurs de non-conformité)	Date for corrective action / Date de la mesure corrective
	review in relation to the menu: - We go to food committee meetings but it has no effect on the menus - It's the same food all the time, we're bored of it - Menus are not the best. I'm not used to this kind of food. - All they want to feed me is chicken and hamburgers. - It's all chicken and fish - want fried eggs - always get baby cookies (arrowroots) for snacks. Blah... Whoopie! - Not allowed a deep fryer – bake all the fried foods and they're soggy and dry - Diabetics can't have the snacks on the snack carts – would like some fresh fruit - Fruit usually canned, even on the Spring/Summer menu **Plan of Corrective Action due to the Hamilton Service Area office by: November 19, 2009. The plan may be e-mailed to:** Michelle.Warrener@ontario.ca	

Received for the Facility by / Reçu pour l'établissement par

Brenda Sinar Administrator

Signature of Health System Accountability and Performance Division representative
Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

M Warrener RO

Ontario

Report of Unmet Standards or Criteria

Rapport sur les critères non respectés

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
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Ministère de la Santé et des Soins de longue durée
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Date of review/Date de l'inspection
November 3, 4, 5, 2009
Exit Interview November 12, 2009

Long-Term Care Facility/ Établissement de soins de longue durée
West Park Health Centre

Address/Adresse
103 Pelham Road, St. Catherines ON

Name and title of Division representative/Nom et fonction du (de la) représentant(e) de la Division
Michelle Warrener, Dietary Advisor, Hamilton Service Area Office

Type of review/Genre d'inspection

- ☐ Annual / Annuelle
- ☐ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Post-sale / Postérieure à la vente
- ☐ Follow-up / Suivi
- ☐ Complaint Investigation follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-license / Préalable à la délivrance du permis
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Pre-sale / Préalable à la vente
- ☒ Other (*specify*) / Autre (*précisez*) 90 day Risk review

The following statements reflect the results of the facility operational review as based on Ministry of Health and Long-Term Care standards and criteria for resident care, programs and services in Long-Term Care facilities.

Les observations suivantes illustrent les résultats de l'inspection des opérations de l'établissement effectuée sur la base des normes et critères du ministère de la Santé en matière de soins aux pensionnaires et de programmes et de services offerts dans les établissements de soins de longue durée.

Standard or criteria / Normes ou critères	Review results / Résultats de l'inspection	Date for corrective action / Date de la mesure corrective
	The following previously issued un-met criteria remain outstanding with the following additional examples: B3.24 (previously issued July 2009) remains outstanding related to weight monitoring. Additional examples were provided on the October 21, 23, 2009 Dietary Enhanced Monitoring review. B3.57 (Previously issued on the October 21, 23, 2009 Dietary Enhanced Monitoring review) remains outstanding related to bowel management. Compliance dates have not yet expired. B5.4 (previously issued on the July 2009 Dietary review) remains outstanding related to documentation. C1.17 (Previously issued on the October 21, 23, 2009 Dietary Enhanced Monitoring review) remains outstanding related to medication administration and diabetes management. Compliance dates have not yet expired.	

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Signature of Health System Accountability and Performance Division representative
Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

H Warrener RD

Original: Health System Accountability and Performance Division
Copy: Long-Term Care Facility
Original: Division de la responsabilisation et de la performance du système de santé
Copie: Établissement de soins de longue durée

Ministry of Health and Long-Term Care
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Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	M1.7 (previously issued March 2008) related to policies and procedures remains outstanding and was not reviewed during this review. P1.21 (Previously issued on the July 2009 Dietary review) remains outstanding related to course by course meal service. Compliance dates have not yet expired. **The following un-met criterion is re-issued as a result of this Dietary 90 day Enhanced Monitoring review:**	
B3.32 Previously issued July 2009	Each resident shall receive encouragement, supervision and assistance with food and fluid intake to promote his/her safety, comfort and independence in eating. Additional examples include: - Not all residents received the required level of encouragement and assistance with food and fluid intake at all meals monitored. - One resident was not provided prompting and assistance with meals until 1:20 p.m. The resident sat in-front of their food and did not eat until the assistance was provided. - Staff were not available at a table listed as an "assistive table" at two meals monitored by the Dietary Advisor. Residents at this table were observed not consuming food/fluids during those meals.	Initiate immediately
	The following un-met criterion is issued as a result of this Dietary 90 day Enhanced Monitoring review:	
P1.23	Hot foods shall be served to residents at a minimum of 60°C and cold foods shall be served at a maximum of 5°C, excluding tube feedings. This criterion is not met as evidenced by: - Hot foods were not served to residents at a minimum of 60°C. Meals for tray service were observed being plated and sitting on the counter for over ½ hour prior to service. The hot entrée	Initiate immediately

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Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	for one resident was probed at 45°C. - Cold food temperatures are not maintained. Milk and beverages were left at room temperature throughout the entire meal at observed lunch and supper meals. The milk was then refrigerated for re-use on several occasions. The milk was probed at 19°C. Plan of Corrective Action is due to the Hamilton Service Area Office by: November 26, 2009. The plan may be e-mailed to: Michelle.Warrener@ontario.ca	

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M Warrener, RO

Ontario

Report of Unmet Standards or Criteria
Rapport sur les normes ou critères non respectés

Ministry of Health and Long-Term Care
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Date of review/Date de l'inspection
November 3, 4 and 5, 2009

Long-Term Care Facility/ Établissement de soins de longue durée
West Park

Address/Adresse
St. Catharines, Ontario

Name and title of LTC Division representative/Nom et fonction du (de la) représentant(e) de la Division
Phyllis Hiltz-Bontje & Gillian Hunter, Compliance Advisors

Type of review/Genre d'inspection

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- ☐ Pre-license / Préalable à la délivrance du permis
- ☐ Other (specify) / Autre (précisez) **90 Day Enhanced Monitoring Risk Review**

The following statements reflect the results of the facility operational review as based on Ministry of Health and Long-Term Care standards and criteria for resident care, programs and services in Long-Term Care facilities.

Les observations suivantes illustrent les résultats de l'inspection des opérations de l'établissement effectuée sur la base des normes et critères du ministère de la Santé en matière de soins aux pensionnaires et de programmes et de services offerts dans les établissements de soins de longue durée.

Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	The following previously issued unmet criteria remain outstanding at the time of this Risk Review inspection: A1.18, A1.19, A1.23, B1.17, B1.6, B5.5, B2.3, B2.52, M3.7and M3.22	
	The following previously issued have been re-issued as a result of this inspection:	
A1.15 (July 17/09)	The use of a physical restraint may be continued only on the written order of a physician who is attending the resident. The type of restraint and orders for application shall be documented on the resident's record and reviewed at least quarterly following the interdisciplinary team conference. Issued as unmet as evidenced by: • Resident #1C - did not have a physician's order for the posture pal device applied. • Resident #1C - an order for a front fastening seatbelt, discontinued on Oct.	Immediate corrective action to be initiated

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[signature] Administrator

Signature of Community Health Division representative
Signature du (de la) représentant(e) de la Division de la santé communautaire
[signatures]

Original: Community Health Division Copy: Long-Term Care Facility
Original: Division des la santé communautaire Copie: Établissement de soins de longue durée

Ontario

Report of Unmet Standards or Criteria

Rapport sur les normes ou critères non respectés

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	19, 2009, was not reordered when the device was reapplied on Oct. 20, 2009. • Resident #3C – the resident had an order for a front fastening seatbelt to be applied when up in wheelchair, however it was noted the resident did not have this device applied.	
C1.19 (July 17/09)	Each resident's response to medications and treatments shall be monitored and evaluated and changes shall be made as required. Issued as unmet as evidence by: • Resident #4C – two ongoing treatments were not reassessed by registered staff on a weekly basis (one treatment was last assessed on Sept. 16, 2009 and one treatment was last assessed on Oct. 1, 2009.) • Resident #10C – one ongoing treatment was not assessed weekly in the month of October 2009. • Resident #12C – one ongoing treatment has not been assessed by registered staff since Sept. 17, 2009. • Resident #13C – one treatment was discontinued on October 1, 2009, despite an assessment that indicates "area improving, continue treatment". • Resident #14C – one ongoing treatment was not assessed by registered staff during the month of October 2009.	Immediate corrective action to be initiated
O4.13 (July 17/09)	There shall be supply of clean linen (including sheets, pillow cases, blankets, towels, bibs, and continence care supplies), sufficient to meet the residents' needs, readily available for use. Issued as unmet as evidenced by: • Advisors observed a lack of readily available incontinent supplies on the resident home areas for staff who provide care. • Multiple reports from staff related to delays in providing care for residents who have been incontinent while they wait for supervisory staff to provide these supplies. • The above noted situation being confirmed to an Advisor by the Director of Care and the Assistant Director of Care.	Immediate corrective action to be initiated
	The following previously issued unmet criteria remain outstanding with additional examples:	

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Brenda Sinar Administrator

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P. Hardy / M. Warrener, RD / [illegible]

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Ontario

Report of Unmet Standards or Criteria

Rapport sur les normes ou critères non respectés

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Long-Term Care Facility/ Établissement de soins de longue durée:

Standard or criteria Normes ou critères	Review results Résultats de l'inspection	Date for corrective action Date de la mesure corrective
	A1.12 A resident shall not be restrained unless there is an identified risk of injury to him/herself or others, and other alternatives have been considered and have been found to be ineffective. Additional examples: • Resident # 5 was noted to be sitting in a wheelchair with a seat belt and a table top applied. There is no evidence in the clinical record that an assessment identifying the risks has been completed and there is not evidence that alternatives to restraints were considered.	
	A1.17 A restraint shall be applied to a resident according to manufactures specifications and facility policies. Additional examples: • Resident #6C was noted to have a front fastening seatbelt that was twisted and applied too tight. • Resident #10C was noted to have a front fastening seatbelt that was attached to the wheelchair and loosely fastened allowing this agitated resident the opportunity to lift the seatbelt as high as the shoulder area. • Resident #15C was noted to have a front fastening seatbelt applied too tight; this was supported by the resident's comments.	
	B3.16 Each resident's environment shall be maintained to minimize safety and security risks. Action shall be taken to protect each resident from identified potentially hazardous substances, conditions and equipment. Additional examples: • At the close of the supper meal on November 3, 2009 it was noted that on the 2nd floor home area the servery area was left open and unlocked while the steam table remained extremely hot.	

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Areas of Non-Compliance

Secteurs de non-conformité

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Date of review/Date de l'inspection
November 3, 4, 5 2009

Long-Term Care Facility/ Établissement de soins de longue durée
West Park

Address/Adresse
St. Catharines, Ontario

Name and title of Division representative/Nom et fonction du (de la) représentant(e) de la Division
Phyllis Hiltz-Bontje & Gillian Hunter, Compliance Advisors and Michelle Warrener, Dietary Advisor

Type of review/Genre d'inspection

- ☐ Annual / Annuelle
- ☐ Follow-up / Suivi _____
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Complaint Investigation follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-sale / Préalable à la vente

Discipline:

- ☐ Post-sale / Postérieure à la vente
- ☐ Pre-license / Préalable à la délivrance du permis
- ☒ Other (*specify*) / Autre (*précisez*) **90 Day Enhanced Monitoring Risk Review**

The following are areas of non-compliance with:

- ☐ *Nursing Homes Act and Regulation*
- ☐ *Homes for the Aged and Rest Homes Act and Regulation*
- ☐ *Charitable institutions Act and Regulation*

A plan of corrective action to reach compliance must be sent to the Ministry of Health no later than seven days from the date of this inspection.

Voici les secteurs de non-conformité à:

- ☐ *la Loi sur les maisons de soins infirmiers, et les règlements y afférents*
- ☐ *la Loi sur les foyers pour personnes âgées et les maisons de repos, et les règlements y afférents*
- ☐ *la Loi sur les établissements de bienfaisance, et les règlements y afférents*

Veuillez envoyer le plan de mesures correctives pour atteindre la conformité au ministère de la Santé dans les sept jours suivant la date de la présente inspection.

Section no. / Section n°	Summary statement of Areas of Non-Compliance / Sommaire des infractions (secteurs de non-conformité)	Date for corrective action / Date de la mesure corrective
	The following Area of Non-Compliance has been re-issued under the Nursing Home Act, RSO 1990, Ch. N7 as a result of this inspection:	
NHA RSO 1990; Ch N7, Sec. 20.11 (July 17, 2009)	A licensee of a nursing home shall ensure that a quality management system is developed and implemented for monitoring, evaluating and improving the quality of the accommodation, care, services, programs and goods provided to the residents of the Nursing Home. Previously issued as M2.2 (Mar 8/05 and Aug 15/08) Re-issued as non-compliant as evidenced by: • The home has not been successful in implementing plans to correct areas of non-compliance or unmet standards/criteria as evidenced by multiple re-issued areas of non-compliance and unmet standards/criteria during this 90 day period of Enhanced Monitoring.	Immediate corrective action to be initiated

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- The menus and food production systems have not been revised since the July 2009 Dietary review where they were issued as an unmet criterion. The following comments about the menus and food quality were voiced by residents during this review:
  - It's the same food all the time, we're bored of it.
  - We go to food committee meetings but it has no effect on the menus
  - We want fried eggs for breakfast
  - Always get baby cookies (arrowroots) for snacks – Blah..Whoopie!
  - Told we are not allowed to have a deep fryer due to fire code regulations and now they bake everything but it turns out soggy or dried out.
  - We would like fresh fruit on the menu at snacks. It's usually always canned fruit they give us (even in the Summer) and it's usually in syrup which is not good for my Diabetes.
  - Menus are not the best. I'm not used to this kind of food.
  - All they feed me is chicken an hamburgers (resident is on a special diet)
- One Advisor noted labeled afternoon snacks for the previous day in the home on the morning following the day the residents should have received these nourishments. When questioned the Leadership group indicated the snacks were mislabeled and when asked what investigation was conducted to ensure the resident's received their specific snacks it was communicated that there was none. The home has not implement processes related to quality auditing, monitoring and improvement strategies related to this issue.

The following previously identified Areas of Non-Compliance remain outstanding with the following additional examples:

NHA, RSO 1990, Ch N7, Sec 2(2)
Every licensee 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 in a way that fully recognizes the resident's ability and individuality and to be free from mental and physical and mental abuse.
2. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
3. Every resident has the right to be afforded privacy in treatment in caring for his or her personal needs.
6. (ii) Every resident has the right, to give or refuse consent to treatment including medication in accordance with the law and shall be informed of the consequences of giving or refusing consent.
   (iii) Every resident has the right to participate fully in making any decision.
16. Every resident has the right to be informed in writing of any law,

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rule or policy affecting the operation of the nursing home.
Previously issued as Sec. 2(2) on June 13/08, March 5/09 & July 17/09, Reg. 832 2(2)(2) June 13/08 and unmet criteria A1.11 (1) on Dec. 19/07 & Jan. 28/09.

Additional examples:

- One resident was noted to be unclothed sitting on the toilet when a staff person opened the door exposing this resident to all persons in the hall and residents sitting in the adjoining lounge.
- Resident #5C, a competent resident, has had movement outside the home restricted, no action was taken by the home when the resident indicated he no longer wanted a family member involved, the resident must submit to period drug testing and receipts for all items purchased by the resident must be submitted to the home. These actions are taken in the absence of evidence indicating the need for such actions, physician orders and the residents wishes.
- Resident # 3B, a competent resident was noted to have documentation in the care plan indicating that the resident was under contract to comply with dietary restrictions.
- Resident # 4, a competent resident was noted to have requested an assessment related to a motorized wheelchair and the home indicated the resident's POA would be contacted for a referral to OT.
- Resident # 4's daughter-in-law has requested to see a copy of the resident's medication list following family support related two medication related issues and has been refused on more than one occasion. The home made no attempt to determine the resident's consent to share this information with family that are identified by the resident as POA.
- One resident who is competent and very active in the home approached an Advisor indicating that they are very glad to see staff from the Ministry in the building, however the residents are anxious because they have not been provided with any information about what is going on and some resident are afraid of being put out of their home.
- Resident #3B was noted to have a care plan indicating that ginger ale was part of the nutritional plan related to a fluid restriction. This resident was subsequently told by the home that they would no longer be providing ginger ale and the resident would have to purchase this product.
- One resident was noted to be sitting in a wheelchair at the nursing station and staff where injection this resident in the abdomen with insulin in full view of anyone walking in the hall.
- Resident #3B, a competent resident, who prefers to dine in the dining room, is taking meals in their room due to a significant delay in staff assistance with transport at the conclusion of the meal. The Home has

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taken no action to address the wishes of this resident to eat meals in the dining room.

- Resident #3B, also indicated that on two occasions the resident was not provided with a meal after indicating a dislike of both meal choices.
- Resident #7B, who was sleeping during the observed lunch meal, was not offered/saved a meal for when the resident woke up. The resident was documented as not consuming food nor fluids all day and afternoon.
- A number of residents have been subjected to a co-resident's physical abuse, however, the home has not developed strategies to prevent recurrence nor has the home followed up with an outside referral since September 2009.

NHA, RSO 1990, Ch N7, Sec. 20.10
A licensee of a nursing home shall ensure that,
(a)the requirements of each resident of the nursing home are assessed on an ongoing basis:
(b)a plan of care is developed for each resident to meet the resident's requirements:
(c) the plan of care is revised as necessary when the resident's requirements change.
(d) the care outlined in the plan of care is provided to the resident.
Previously issued as Sec 20.10 on March 13/08 & Oct 15/08, unmet criterion B1.2 on Oct.15/08, unmet criterion B2.4 on Feb 21/06, Dec. 19/07 & Mar. 13/08, unmet criterion B3.23 on Mar. 8/05, Sept. 22/05 & Feb. 22/06 and B4.3 on Mar. 5/09

Additional examples:

Resident # 2 was identified in documentation to have had a change in condition. The following are issues related to the care for this resident:

- Clinical record documentation indicates "poor condition", "condition guarded" and "received in poor condition" without any indication related to the condition changes or issues requiring care and/or monitoring.
- Care plan for this resident does not reflect current status/needs related to mobility, hygiene, bowel and bladder continence, pain, expression of distress, mood, weight status, and activation/recreation needs.
- A staff person has written "palliative" on a Doctors order sheet that was already signed by the physician. There has not been an assessment related to this significant change and there are not directions to staff with respect to providing care for this resident's needs.
- The resident has not had a full assessment in relation to being very lethargic at meals and not eating well.
- The resident has not had an assessment of complaints in relation to the resident's dentures being too large resulting in difficulty chewing.

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- The resident was noted to have extremely high blood sugars (38.7mmol/L), however, the nutritional assessment indicated the residents blood sugars were controlled with insulin and dietary interventions. A full assessment of the resident's blood sugars was not completed and interventions were not revised.
- The resident has an order for weekly weights and girth measurements, however, the resident's plan of care does not indicate this requirement and documentation does not reflect that these measurements are currently being taken. Documentation does not reflect that the order was discontinued.

Resident #3 was identified in the documentation as having current needs with respect to pain management. The following are issues related to the care for this resident:

- Clinical record documentation indicates this resident is receiving a medication for pain and a medication for nausea. The annual review conducted at the end of Oct. 09 does not indicate nausea and pain are issues for this resident.
- There is no assessment related to pain and pain management despite this resident receiving 2 regularly scheduled narcotic analgesics and one as necessary narcotic analgesic.

Resident # 4 was identified in documentation as having current issues related to pain, condition requiring follow-up and a surgical wound. The following are issues related to the care for this resident:

- This Advisor was approached by both family and the resident who indicated the resident is in a lot of pain because of sores on her buttocks because she now has to wear incontinent products and she is not drinking because she is afraid she will be incontinent.
- The clinical record clearly indicates that this resident has spoken to staff in the home indicating that she has pain, is getting a mild analgesic and staff know this is not effective in managing her pain.
- There is no assessment related to pain for this resident and no action is being taken when a cognitively aware resident indicates the treatment is not effective.
- The resident's needs and abilities related to transfers have changed, however the home has not assessed transfer options and the resident is now transferred using a mechanical lift and appears to be wheelchair bound. This resident has indicated to the home that this is not what she wants.
- This resident's care plan indicates that she is occasionally incontinent. The resident indicated to this Advisor that not only is she aware of the urge to defecate she is also aware of the urge to urinate. No action is being taken by the home to support or improve issues related to the resident's abilities to be continent of urine.
- The clinical record indicates this resident's hemoglobin is measured at 89 and there is a note in the clinical record to phone the physician the following day. There is no further documentation indicating this issue has been followed up and there is no care plan in place to manage the risks associated with this condition.

Resident #1B (#3C)The following are issues related to the care for this resident:

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- Care plan for this resident does not reflect current status/needs related to: the resident has a plan of care for both significant weight gain and significant weight loss and care planning interventions identified are generic and do not provide clear direction for staff providing care.
- Discrepancies are noted between the Dehydration/Fluid Maintenance RAP completed by nursing staff and the Nutritional Status RAP completed by the Registered Dietitian in relation to quantity of fluids being consumed daily. The assessments were completed on the same day.
- The nutritional assessment completed in October did not provide a complete assessment of blood sugar management in relation to the current diet, an evaluation of current interventions relation to no dairy and potassium restriction, and did not provide an assessment in relation to skin integrity.
- The Dietitian assessment indicates the resident is Palliative status, however, there is no documentation in nursing notes or physician order to indicate this.

Resident #1C The following issues are related to this resident's plan of care:

- Conflicting statements were found on the bowel continence assessment and care plan.
- There was no documentation found which lead to the decision to discontinue a restraint on October 19, 2009.
- The kardex still directs staff to apply a front fastening seatbelt although the order was discontinued on October 19, 2009.

Resident #2C The following issues are related to the care of this resident:

- This resident has sustained six falls since September 2009 and has sustained one hip fracture; however there are still no care plan interventions in place.
- This resident is also known to climb out of bed and has been found on the floor next to the bed, however, the care plan still directs staff to have two side rails up when the resident is in bed.

Resident #3B has the following issues related to the care for this resident:

- The resident does not have an assessment of abnormal laboratory values in relation to the resident's menu plan (the resident requires a specialized menu). The current menu plan for the resident is noted to contain numerous foods that are high sources of the nutrient causing the elevated laboratory values.
- The care plan for this resident does not reflect the current status/needs of the resident and provides conflicting information between sections. Several sections of the care plan indicate the resident is morbidly obsese, however, several other sections of the care plan indicate the resident requires weight gain to reach their target weight range. The care plan identifies numerous problems that are not applicable to this resident. The care plan identifies interventions that have been discontinued.
- Several significant concerns are not identified on the resident's plan of care

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and interventions are not identified to address these concerns.

Resident #4B (4C) has the following issued related to the care for this resident:

- The care plan for this resident is generic and does not provide clear direction to staff (e.g. and/or.. statements)
- The care plan does not reflect the current needs of the resident in relation to assistance with eating, the resident has a plan of care for both significant weight loss and significant weight gain, the plan does not identify interventions to address significant weight loss and decreased appetite.
- An assessment has not occurred in relation to a change in nutritional intake. The resident was noted to be consuming 26% of their meals 50% or less in September and 65% of their meals poorly in October without referral to the Registered Dietitan and documentation in the progress notes does not reflect poor intake until October 30. The resident has experienced significant weight loss in November. The resident also does not have an assessment of poor hydration and interventions to address the problem.
- The resident's care plan indicates the resident is to be up in the wheelchair for meals only then back to bed, however, it was noted the resident was up in the wheelchair midmorning on Nov. 3 &4, 2009.

Resident #5B has the following issues related to the care for this resident:

- The resident is noted to be taking 76% of their meals 50% or less (mostly 25% or less) for the month of October without an assessment of the poor intake.
- The plan of care for this resident is conflicting and has not been updated to reflect the current status of the resident. The plan indicates the resident is constantly in the refrigerator, however, interventions identified indicate the resident often may not eat.
- The plan of care was re-written for the resident Oct 4, however, documentation does not reflect an assessment was completed at that time. The resident has not been assessed recently related to poor intake.

Resident #6B has the following issues related to the care for this resident:

- The resident has documentation related to poor skin integrity (stage X), however, documentation does not reflect a full nutritional assessment was completed.

Resident #6C The following issue relates to the care of this resident:

- This resident has been identified as a high risk for falls and known to climb out of bed; however, no care plan interventions are in place.

Resident #7B has the following issues related to the care for this resident:

- The resident is at risk for dehydration and has notes indicating poor food and fluid intake since the beginning of September, however, the resident has not been referred to the Registered Dietitian. The last dietary screening was completed by the Nutrition Manager in August.
- The plan of care indicates the resident is refusing meals and tires easily,

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however, interventions are not in place to address the problem.

- Interventions on the resident's plan of care are not appropriate for the problem (e.g. vomiting – plan is to monitor the resident's weight monthly).

Resident #7C The following issue is related to this resident's plan of care:

- The resident has repeatedly struck co-residents and shadows one particular co-resident against this family's objections; however, the home has made no revisions to the care plan interventions that have proven ineffective, nor has the home made attempt to follow-up on a referral to an outside agency for assistance in managing this resident's behavior.

Resident#8B has the following issues related to their plan of care:

- Their plan of care related to bowel management is generic and does not provide clear direction to staff providing care
- The plan of care related to eating assistance is not reflective of the required level of assistance (e.g. states the resident requires extensive assistance and one person assist, however, the resident eats independently in the dining room).

Resident #9B (10C) has the following issues related to their plan of care:

- The level of assistance indicated on the plan of care is not consistent with the actual level of assistance required. The plan of care indicates set up help only, however, the resident was observed to require ongoing constant cueing or they did not eat.
- Progress notes indicate this resident is known to climb out of bed and has been found with "legs dangling over the side rails", however, there are no care plan intervention identified.
- This resident's loaner seatbelt, which is detached from the wheelchair was inappropriately applied and on one occasion the belt was loose enough for the agitated resident to lift it as high as the shoulder area. It is noted that there are no care plan interventions in place related to restraint use.

Resident #9C The following issue is related to this resident's plan of care:

- Progress note documentation indicates this resident has been found trapped between the mattress and siderails, however the care plan interventions identified were found to be inappropriate.

Resident #10B has the following issues related to their plan of care:

- The resident has a plan of care indicating they do not come for meals, however, a plan is not in place to ensure the resident is receiving adequate nutrition and hydration.

Resident #11B has the following issue related to their plan of care:

- The resident is know to frequently not come for meals, however, this is not indicated on the resident's plan of care and interventions are not identified to ensure the resident receives adequate nutrition in the meal pattern of their

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choice. The resident requires a specialized menu and fluids restriction.

Resident # 11C The following issue is related to this resident's plan of care:

- This resident is known to be high risk for falls and recently sustained a hip fracture; however there are no care plan interventions identified.

Resident # 12C The following issue is related to this resident's plan of care:

- A treatment for this resident that was recently discontinued, is still reflected as ongoing in the care plan.

The following additional examples are related to B3.23:

- Two of two residents at risk for choking with an order for thickened fluids received the wrong consistency of the fluids, (received thin fluids and requires pudding thickened fluids) and reduced palatability of the fluids (over-thickened).
- At least four residents who are at risk for choking received the wrong texture of meals or desserts (e.g. order is for pureed menu but received regular textured items).
- Three of three residents requiring a fluid restriction received fluids above those identified in their plan of care.
- Three residents at risk for weight loss did not receive the ordered supplement.
- A resident received a food listed as "do not serve" on the diet list. An alternative was not available at the observed lunch meal and the resident was given the restricted item.
- At least six residents did not receive interventions identified in their plans of care (e.g. nosey cups, double portions, soup in a cup to assist with eating, juice at every meal)
- Staff were noted to be mixing foods for two residents requiring texture modified meals.
- Staff were noted to be using incorrect feeding techniques for a resident (e.g. scraping the resident's mouth with a nosey cup).
- Residents being offered tray service were not routinely offered a complete meal.
- Residents at risk related to renal failure did not have their renal menu revised. The menu is noted to include numerous foods that would be restricted on a renal menu. The residents were noted to have abnormal laboratory values.

Plan of Corrective Action due to the Hamilton Service Area Office by : November 19, 2009. The plan may be e-mailed to: Phyllis.Hiltz-Bonje@ontario.ca

Received for the Facility by / Reçu pour l'établissement par

Signature of Health System Accountability and Performance Division representative
Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé

TAB J

This is **Appendix "J"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

55 St. Clair Avenue West, 8th Floor
Toronto ON M4V 2Y7
Telephone: (416) 327-7461
Fax: (416) 327-7603

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

55, avenue St. Clair ouest, 8e étage
Toronto ON M4V 2Y7
Téléphone : (416) 327-7461
Télécopieur : (416) 327-7603

Ontario

November 13, 2009

Eric Hall
Regional Manager
Diversicare
212 Argentia Road, Suite 301
Streetsville, ON L5N 2X4

Hartley Bricks
Deloitte & Touche
1 Concorde Gate, Suite 200
Toronto, ON M3C 4G4

Dear Mr. Hall and Mr. Bricks:

Re: West Park Health Centre – St. Catherines: Enforcement Monitoring

The purpose of this letter is to confirm that as of November 13, 2009, West Park Health Centre is being placed under Enforcement Monitoring for a ninety (90) day period. The decision to initiated enforcement inspection activities at West Park Health Centre has been deemed necessary due to the home's lack of progress in addressing the identified areas of non-compliance and unmet criteria over the enhanced monitoring period. Compliance expectations are outlined in the addendum attached to this letter.

The home will be subject to unannounced enforcement inspection and monitoring activities by ministry staff for the 90 day period. As discussed at the meeting with the home's management team, compliance staff and yourselves on November 12, 2009, a targeted risk review will be conducted within the next 30 days to review the progress made by the home. A risk review will also be conducted prior to the end of the 90 day enforcement period.

While the home is subject to enforcement inspection, any plans of corrective action are to be forwarded to Ann-Marie Case, Manager (A), Hamilton Service Area Office (HSAO) every two (2) weeks with the first submission due by the end of the business day on November 26, 2009. A template to support these reporting expectations while the home is subject to enforcement monitoring has been forwarded to Brenda Sinan, Administrator.

The home is advised that resolution of the identified non-compliance issues may result in the return of the home to regular compliance inspection status. However, failure to meet expectations outlined in the addendum may result in sanctions being imposed during this enforcement inspection and monitoring period. The ministry may also exercise its rights pursuant to the Act, the Service Agreement or otherwise permitted by law and consider any available remedies within its jurisdiction if the home fails to meet the set expectations.

../2

We look forward to a strong commitment from West Park Health Centre to resolve the identified concerns within the established timeframe.

If you have any questions, please contact Ann-Marie Case Manager (A), Hamilton Service Area Office at (905) 546-8273.

Sincerely,

Sandy Knipfel
Senior Manager
Compliance and Enforcement

Attachment

c: Brenda Sinan, Administrator, West Park Health Centre
Pat Mandy, CEO, Hamilton Niagara Haldimand Brant, LHIN
Tim Burns, Director, Performance Improvement and Compliance Branch, MOHLTC
Ann-Marie Case, Manager (A), Hamilton Service Area Office, PICB, MOHLTC
Phyllis Hiltz-Bontje, Compliance Advisor
Michelle Warrener, Dietary Advisor
Bernadette Susnik, Environmental Health Advisor

Ministry of Health
and Long-Term Care

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Ontario

ADDENDUM to Letter of November 13, 2009

Re: West Park Health Centre – Enforcement Monitoring

The inspections conducted by the ministry staff of Hamilton Service Area Office indicate that this long-term care home continues to present serious, prevalent and recurrent risk to residents. The key areas of risk and concern, as well as MOHLTC requirements as related to these key areas of risk are outlined below.

1) **Lack of provision and respect for resident's rights. In this regard the home must:**
   - Ensure there is a system in place for monitoring the care being provided to residents that respects their right to be treated with dignity and respect at all times.
   - Ensure there is a system in place that provides residents with an environment that is free of mental and physical abuse.
   - Ensure that complaints/suggestions from residents/family including resident's council are documented, investigated and responded to in accordance within MOHLTC expectations.

2) **Lack of assessment, planning, care provision, monitoring and evaluation throughout the home specific to resident risk. In this regard, the home must:**
   - Ensure the development and implementation of a risk management program that includes identification of resident risk.
   - Ensure each resident receives assessment, planning, care provision, monitoring and evaluation of care related to their needs with specific attention to:
     1. Responsive behaviors;
     2. Changes in clinical conditions;
     3. Pain management;
     4. Falls;
     5. Bowel management;
     6. Level of assistance required for eating;
     7. Diabetes management; and
     8. Hygiene needs.

3) **Lack of provision, monitoring and evaluation in relation to infection control practices throughout the home. In this regard, the home must:**
   - Ensure there are readily available supplies to support infection prevention and control practices, including supplies for Routine Practices.
   - Ensure each resident is screened for tuberculosis on admission.
   - Ensure that the infection prevention and control program is included in the program for monitoring, evaluating and improving quality.

.../2

4) **Lack of assessment provision, monitoring and evaluation of care for residents in physical restraints. In this regard the home must.**
   - Ensure residents are assessed prior to the application of a physical restraint and that appropriate orders are obtained.
   - Ensure when a physical restraint is applied that it is applied in a safe manner and that there is regular monitoring of the resident to ensure the device remains safely applied.
   - Ensure residents receive care, including monitoring, release and re-position, of the device when in physical restraints.

5) **Lack of provision, monitoring and evaluation of resident care throughout the home specific to nutritional care. In this regard, the home must:**
   - Ensure that nutritional care is provided to residents in accordance with assessed needs, including interventions associated with therapeutic diets, diet textures, fluid consistencies, special requirements, level of assistance required for eating, and assistive devices.
   - Ensure that an in-depth assessment is completed when there is a change in resident condition.

6) **Lack of provision, monitoring and evaluation of resident care plans. In this regard, the home must:**
   - Ensure care plans are reflective of residents' current needs and are based on the information obtained through a comprehensive assessment process.
   - Ensure that resident care plans are evaluated for effectiveness and revised or modified as necessary.
   - Ensure that care plans provide clear direction to staff providing care.
   - Ensure that referrals are made to other disciplines to address residents' current needs.

7) **Lack of provision, monitoring and evaluation of a comprehensive Meal Production program. In this regard, the home must:**
   - Ensure all meals are prepared and served according to the approved menus.
   - Ensure all texture modified meals are of the appropriate consistency and texture.
   - Ensure sufficient quantities of foods are prepared and available at meals.
   - Ensure each resident receives the proper diet in relation to texture, type, portion size and any special requirement and/or restrictions.
   - Ensure adequate supplies are available for meal service.
   - Ensure that diet information is reflective of the physician orders, nutritional assessments, and care plan directions.
   - Ensure clear direction is provided to staff preparing and portioning meals.

8) **Lack of provision, monitoring and evaluation specific to weight monitoring. In this regard, the home must:**
   - Ensure each resident is weighed or re-weighed as required.
   - Ensure each resident experiencing weight loss/gain is assessed and referred to the Registered Dietitian for appropriate follow up.
   - Ensure plans of care are modified to address resident specific needs.

TAB K

This is **Appendix "K"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

Paragon Health Care Inc. et al
Operating Statement for the Period
January 24, 2006 to September 30, 2009

West Park Health Centre

	January 24, 2006 to December 31, 2006	January 1, 2007 to December 31, 2007	January 1, 2008 to December 31, 2008	January 1, 2009 to September 30, 2009	January 24, 2006 to September 30, 2009
Revenue					
Ministry of Health revenue	$ 3,152,020	$ 3,514,983	$ 3,823,576	2,965,204	$ 13,455,783
Resident revenue	1,370,056	1,508,587	1,503,911	1,167,691	5,550,245
Ancillary revenue	9,849	16,627	16,251	7,221	49,948
Total Revenue	$ 4,531,925	$ 5,040,197	$ 5,343,738	$ 4,140,116	$ 19,055,976
		-			
Operating Expenses		-			
Salaries, wages & benefits	$ 3,040,133	$ 3,434,675	$ 3,717,664	$ 2,877,705	$ 13,070,177
Food and supplies	454,817	496,845	511,718	411,144	1,874,524
General & administration	312,710	360,722	357,744	270,267	1,301,443
Realty, business & capital taxes	179,340	184,352	178,464	126,304	668,460
Repairs & maintenance	120,937	123,312	109,399	115,254	468,902
Utilities	143,702	152,499	153,391	119,434	569,026
Total Expenses	$ 4,251,639	$ 4,752,405	$ 5,028,380	$ 3,920,108	$ 17,952,532
Net Operating Income	$ 280,286	$ 287,792	$ 315,358	$ 220,008	$ 1,103,444
Restructuring costs/charges	-	13,708	-	-	13,708
Net Income	**$ 280,286**	**$ 274,084**	**$ 315,358**	**$ 220,008**	**$ 1,089,736**

TAB L

This is **Appendix "L"** to the

Fifth Report to Court of Deloitte & Touche Inc.

in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

IN THE MATTER OF THE RECEIVERSHIP OF
PARAGON HEALTH CARE INC.

Receiver's Interim Statement of Receipts and Disbursements for the period January 23, 2006 to December 7, 2009

Receipts

1. Ministry of Health Funding	$	36,675,379
2. Cash in bank		71,896
3. Interest earned		31,586
4. Total receipts	**$**	**36,778,861**

Disbursements

5. Funding to Casa Verde Nursing Home	$	29,978,149
6. Funding to Casa Verde Retirement Home		3,820,000
7. Receiver fees		595,096
8. Legal fees		231,450
9. GST		49,896
10. Appraisal fees		5,000
11. Advertising		7,345
12. Security		3,424
13. Courier		5,906
14. Consulting fees		1,795
15. Travel expenses		834
16. Telephone		751
17. Postage		280
18. Photocopies		364
19. Filing fee		70
20. Total disbursements	**$**	**34,700,360**
21. Receipts less disbursements	**$**	**2,078,501**
22. Payment to secured creditor		**306,793**
23. Balance on Hand	**$**	**1,771,708**

TAB M

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in its Capacity as Court-Appointed Interim Receiver and Receiver and Manager

of Paragon Health Care Inc., Paragon Health Care (Ontario) Inc.,

and 1508669 Ontario Limited

IN THE MATTER OF THE RECEIVERSHIP OF
PARAGON HEALTH CARE (ONTARIO) INC.

Receiver's Interim Statement of Receipts and Disbursements for the period January 23, 2006 to December 7, 2009

Receipts

1. Cash in bank	$	3,479
2. Interest earned		406
3. Total receipts	**$**	**3,885**

Disbursements

4. Filing fee	$	70
5. Bank charges		20
6. Total disbursements	**$**	**90**
7. Balance on Hand	**$**	**3,795**