



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

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

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

**Rapport d'inspection prévue  
sous la Loi de 2007 sur les foyers  
de soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 11, 2018	2018_556168_0012	031432-18	Complaint

**Licensee/Titulaire de permis**

Albright Gardens Homes, Incorporated  
5050 Hillside Drive Beamsville ON L0R 1B2

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

Albright Gardens  
5050 Hillside Drive Beamsville ON L0R 1B2

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

LISA VINK (168)

**Inspection Summary/Résumé de l'inspection**



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

**This inspection was conducted on the following date(s): December 7, 2018.**

**This inspection was conducted off site by Inspector #130, Gillian Hunter.**

**This complaint inspection, log number 031432-18, was related to authorization for admission to a home.**

**During the course of the inspection, the inspector(s) spoke with the Director of Nursing (DOC) and Chief Nursing Officer (CNO).**

**During the course of the inspection, the inspector reviewed a letter sent to the applicant and the Placement Services of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN).**

**The following Inspection Protocols were used during this inspection:  
Admission and Discharge**

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

**1 WN(s)**

**0 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

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

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**



Specifically failed to comply with the following:

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**
  - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**
  - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that following a review of the assessments and information provided, that they approved the applicant's admission to the home unless, the home lacked the physical facilities necessary to meet the applicant's care requirements or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

Placement Services, of the HNHB LHIN, received a letter from the home, dated in November 2018, from the Executive Assistant, related to applicant #001.

The letter identified that after a review of the applicant's Resident Assessment Instrument Minimum Data Set (RAI-MDS) Assessment, the home was unable to accommodate the request for acceptance to the available room, because the home lacked the physical facilities necessary to meet a specific care need of the applicant.

On an identified date, a discussion with the CNO acknowledged that the home had the physical facilities necessary to meet the care requirements of the applicant; however, they refused the applicant as they did not have sufficient information about their care needs to make a decision about the admission.

The DOC acknowledged they had not identified acceptable grounds for withholding approval for applicant #001's admission to the home. [s. 44. (7)]



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**Issued on this 13th day of December, 2018**

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

**Original report signed by the inspector.**