



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

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

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

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

Division de la responsabilisation et de la performance du
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Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 15, 2011	2011_167_2861_15Mar094411	Complaint Log # H01772
Licensee/Titulaire Waterdown Long Term Care Centre Inc. 699 Yonge Street, Midland, Ontario L4R2E1		
Long-Term Care Home/Foyer de soins de longue durée Alexander Place P.O. Box 50, 329 Parkside drive, Waterdown, Ontario L0R2H0		
Name of Inspector(s)/Nom de l'inspecteur(s) Marilyn Tone, # 167		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct an inspection related to a letter of complaint received at the Hamilton Service Area Office</p> <p>During the course of the inspection, the inspector spoke with: The Director of Care, the Administrator and the Nurse Educator at the home.</p> <p>During the course of the inspection, the inspector: conducted a review of the health file for the identified resident and documentation related to discussions held with the resident's family members.</p> <p>The following Inspection Protocol was used during this inspection: Personal Support Services</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN</p>		

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

Criterion B2.4: Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person, the plan of care shall give clear direction to staff providing care.

Findings:

1) The identified resident's physician wrote an order on the resident's health file. The most current care plan for the identified resident was not reviewed and revised to include interventions related to the physician's order. The most current care plan for the identified resident did not include interventions to address the change in the resident's care needs

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WN #2: The Licensee has failed to comply with the Long Term Care Homes Program Manual Standards and Criteria.

Criterion A1.32: The Long Term Care Division shall receive a copy of all written complaints received by the facility, including a description of the follow-up actions taken.

Findings:

The Administrator did not forward a copy of a written complaint received related to the care of an identified resident including follow-up actions taken to the Long Term Care Division of the Ministry of Health.

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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	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. <i>Marilyn Love</i>	
Title:	Date:	Date of Report: March 21, 2011