

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 24, 2020	2020_704682_0003	017581-19, 000374-20	Complaint

Licensee/Titulaire de permis

Waterdown Long Term Care Centre Inc.
c/o Jarlette Health Services 5 Beck Boulevard PENETANGUISHENE ON L9M 1C1

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

Alexander Place
329 Parkside Drive P.O. Box 50 Waterdown ON L0R 2H0

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

AILEEN GRABA (682)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 23, February 3, 10, 11, 13, 2020.

The following Complaint inspection(s) were conducted:

000374-20

017581-19

During the course of the inspection, the inspector(s) spoke with the Administrator; Director of Care (DOC); Co-Director of Care; Staff Educator; Culinary Manager; Registered Dietitian (RD); Resident and Family Services Coordinator; Staffing Coordinator; Housekeeping staff; registered staff; Personal Support Workers (PSW); residents and families.

During the course of the inspection, the inspector(s) toured the home, observed the provision or care, dining service and reviewed resident health records, staffing schedules, meeting minutes, policies and procedures, Critical Incident System (CIS) submissions, complaints and concerns binder/ logs, program analysis/evaluations and infection prevention and control respiratory outbreak line lists.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Nutrition and Hydration

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

Sufficient Staffing

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

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

Légende

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).

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

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

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1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A complaint log# 017581-19 was submitted to the Director.

A clinical record review included resident's #001 care plan and identified that the resident was a nutritional risk. The care plan also identified various nutritional interventions. A review of the master diet list also indicated that resident #001 was to receive a specific nutritional intervention.

Dining observations done by Inspector #682 on an identified date, did not include the specific nutritional intervention. During an interview staff #114 confirmed that resident #001 was not provided their nutritional intervention. During an interview, the Culinary Manager #117 confirmed that the master diet list was kept up to date and that staff were to refer to the list posted. The Culinary Manager #117 confirmed that resident #001 should have been provided their nutritional interventions. The home did not ensure that resident's #001 plan of care related to dietary interventions was provided to resident #001 as specified in the plan. [s. 6. (7)]

2. The licensee failed to ensure that resident #006 was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the care set out in the plan had not been effective.

A complaint log# 017581-19 was submitted to the Director.

A clinical record review included resident's #006 care plan, which identified that the resident was a nutritional risk. The care plan identified various nutritional interventions. Dining observations done by Inspector #682 on an identified date, identified that resident #006 was not given and did not have their nutritional intervention. During an interview staff #112 stated that resident #006 often refused their nutritional intervention for an unidentified length of time. Staff #112 confirmed that resident #006 was not reassessed and the plan of care reviewed and revised when the care set out in the plan had not been effective. [s. 6. (10) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan; to ensure that each resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the care set out in the plan is not effective., to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that a documented record was kept in the home that included,

(a) the nature of each verbal or written complaint;

(b) the date the complaint was received;

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description

of the response; and
(f) any response made in turn by the complainant

A complaint log #000374-20 was submitted to the Director.

A review of the policy titled: Resident Rights, Care and Services, Reporting and Complaints- Concerns and Complaint Process; revised May 10, 2017, stated the following:

" A response shall be made to the person who made the complaint indicating what the licensee has done to resolve the complaint or that the licensee believes the complaint to be unfounded and the reasons for the belief.

Each home shall ensure that a documented record is kept including the nature of each verbal or written complaint, the date received, actions taken to resolve the complaint, the final resolution, any response made in turn by the complainant."

A) A review of the complaint log binder included a concern/complaint form related to resident #001 and resident #002 on an identified date and resolved. There was no further documentation in the complaint/ concern follow up log that included the date on which a response was provided to the complainant, a description of the discussion or if any response was made by the complainant. During an interview with the Administrator a request was made by Inspector #682 for evidence that included dates and descriptions of response made to the complainant that supported resolving the complainant's concerns. The Administrator stated that they discussed their ongoing concerns related to resident #001 and resident #002. The Administrator confirmed that they did not maintain a documented record that included, dates on which a response was provided, a description of the response; and any response made in turn by the complainant when they resolved the complaint/concern.

B) A review of the complaint log binder included a concern/complaint form related to resident #001 and resident #002 and was documented as resolved on an identified date. There was no further documentation in the complaint/concern follow up log that included any further concerns by resident #002 or their substitute decision maker (SDM). A review of progress notes on an identified date indicated that resident's #002 SDM expressed concerns related to resident #001. On an identified date, a progress note identified that resident #002 was upset with resident #001. During an interview, staff #118 verified a meeting was arranged on an identified date related to ongoing concerns.

The home failed to ensure that a documented record that comprised the home's

concern/complaint form was kept and contained the nature of the verbal complaint, date, time frames and any follow up action when ongoing concerns of resident #002 and their SDM were identified by staff. [s. 101. (2)]

Issued on this 24th day of February, 2020

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

Original report signed by the inspector.