



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

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

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

**Rapport d'inspection 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**

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| <b>Report Date(s) /<br/>Date(s) du rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|--------------------------------|--|
| Aug 1, 2017                                    | 2017_546585_0014                              | 016082-17                      | Complaint  |

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**Licensee/Titulaire de permis**

BELLA SENIOR CARE RESIDENCES INC.  
1000 FINCH AVENUE WEST SUITE 901 TORONTO ON M3J 2V5

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

BELLA SENIOR CARE RESIDENCES INC.  
8720 Willoughby Drive NIAGARA FALLS ON L2G 7X3

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

LEAH CURLE (585)

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**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): May 25, 26, 29, 30, 31, June 1, 2, 6, 7, 8, 9, 13, 14, 15, 16 and 19, 2017.**

**Non-compliance was issued in this inspection report related to Ontario Regulation (O.Reg) 79/10, s. 8. (1) (b) and issued as a written notification (WN) as at the time of the inspection, there was an outstanding compliance order (CO) #006 from Critical Incident System (CIS) inspection #2017\_587129\_0002.**

**This complaint inspection was conducted concurrently with Resident Quality Inspection (RQI) # 2017\_555506\_0012/009915-17 at Bella Senior Care Residences Inc.**

**During the course of the inspection, the inspector(s) spoke with family, personal support workers, registered nursing staff, the Director of Care and the Administrator. During the course of the inspection, the inspector(s) observed provision of care and services, reviewed clinical health records as well as relevant policies and procedures.**

**Ad-hoc notes were used during this inspection.**

**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**

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

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that where the Act or this Regulation requires, any plan, policy, protocol, procedure, strategy or system was complied with.

A) In accordance with Ontario Regulation (O. Reg) 79/10, r. 48. (1) requires every licensee of a long term care home to ensure that the following interdisciplinary programs are developed and implemented in the home: 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's program, "Falls Prevention Program – Subsection 4.1.12", last reviewed June 2015, stated the interdisciplinary team will conduct the Fall Risk Assessment after any fall incident.

On identified dates in 2015, resident #070 experienced four falls. Review of the resident's clinical record revealed that no Fall Risk Assessments were completed for the four falls; which was confirmed by Registered Practical Nurse #152. [s. 8. (1) (b)]

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**Issued on this 1st day of August, 2017**

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

**Original report signed by the inspector.**