



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 sous la
Loi de 2007 sur les foyers de
soins de longue durée

Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch

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
Telephone: (905) 546-8294
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Bureau régional de services de
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119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 28, 2013	2013_214146_0030	H-000231- 13	Complaint

Licensee/Titulaire de permis

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

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

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

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

BARBARA NAYKALYK-HUNT (146)

Inspection Summary/Résumé de l'inspection



Ministry of Health and Long-Term Care

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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 14, 16, 2013

This inspection was conducted concurrently with CI inspection H-000263-13 and Follow-up inspections H-00060-13 and H-00121-13.

During the course of the inspection, the inspector(s) spoke with the Administrator, Associate Director of Care (ADOC), registered staff, Personal Support Workers (PSW'S), residents and family members.

During the course of the inspection, the inspector(s) reviewed the home's continence policies, observed continence supplies and reviewed resident health records.

The following Inspection Protocols were used during this inspection: Continence Care and Bowel Management

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



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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 O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :



-
1. The home has not supplied a range of continence care products that are available and accessible to staff at all times and in sufficient quantities for all required changes.
- a. The home supplies each resident with one incontinence product per shift and any required extra must be accounted for in writing on a requisition and obtained by a nurse who has a key to the locked products. Nurses are not always readily accessible to PSW's to get a brief if they are off the unit for meetings or breaks. The access problem becomes worse after 7 pm when one nurse covers the entire floor of 50 plus residents.
 - b. Interviews with PSW's from all floors revealed that incontinent products were frequently not available in the home for certain sizes on weekends and Mondays since the new supply didn't come in until Tuesdays
 - c. In May 2013, a resident who required a specific size brief was put into a different size brief because there was no supply of the specific size briefs in the home.
 - d. PSW's on a specific unit stated the 1 incontinent product allotted per shift was definitely not adequate for their residents. In May 2013, they had already used their entire supply for day shift at AM care rounds by 1000 am and had no supply of briefs readily accessible to them for their every 2 hour wet checks as per the home's policy.
 - e. The PSW's stated that it is not safe to leave certain residents unattended in the bathroom while the PSW goes to find a nurse to get them a needed brief; so the PSW pulls the call light and stays with the resident until another staff person answers the call bell and asks a nurse to get a brief. The resident must wait to be changed and often becomes agitated while waiting. The short supply affects the resident's behaviours. The PSW stated they are routinely getting the nurse to obtain 6 to 7 extra briefs per dayshift for them and always run out on evening shift.
 - f. Resident #002 purchased own incontinent products because resident was not aware that home provided them. [s. 51. (2) (f)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".



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soins de longue durée

Issued on this 6th day of June, 2013

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

BARBARA NAYKALYK-HUNT



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

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Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : BARBARA NAYKALYK-HUNT (146)

Inspection No. /

No de l'inspection : 2013_214146_0030

Log No. /

Registre no: H-000231-13

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : May 28, 2013

Licensee /

Titulaire de permis : BELLA SENIOR CARE RESIDENCES INC.
1000 FINCH AVENUE WEST, SUITE 901, TORONTO,
ON, M3J-2V5

LTC Home /

Foyer de SLD : BELLA SENIOR CARE RESIDENCES INC.
8720 Willoughby Drive, NIAGARA FALLS, ON, L2G-7X3

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : BRENDA HARKER

To BELLA SENIOR CARE RESIDENCES INC., you are hereby required to comply
with the following order(s) by the date(s) set out below:



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Order # / Order Type /
Ordre no : 001 Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 51. (2) Every licensee of a long-term care home shall ensure that,

(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;

(e) continence care products are not used as an alternative to providing assistance to a person to toilet;

(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

(h) residents are provided with a range of continence care products that,

(i) are based on their individual assessed needs,

(ii) properly fit the residents,

(iii) promote resident comfort, ease of use, dignity and good skin integrity,

(iv) promote continued independence wherever possible, and

(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).



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Order / Ordre :

The licensee shall ensure that there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes.

Grounds / Motifs :

1. The home has not supplied a range of continence care products that are available and accessible to staff at all times and in sufficient quantities for all required changes.
 - a. The home supplies each resident with one product per shift and any required extra must be accounted for in writing on a requisition and obtained by a nurse who has a key to the locked products. Nurses are not always readily accessible to PSW's to get a brief if they are off the unit for meetings or breaks. The access problem becomes worse after 7 pm when one nurse covers the entire floor of 50 plus residents.
 - b. Interviews with PSW's from all floors revealed that incontinent products were frequently not available in the home for certain sizes on weekends and Mondays since the new supply didn't come in until Tuesdays
 - c. In May 2013, a resident who required a specific size brief was put into a different size brief because there was no supply of the specific brief in the home.
 - d. PSW's on a specific unit stated the 1 incontinent product allotted per shift was definitely not adequate for their residents. On the date of inspection, they had already used their entire supply for day shift at AM care rounds by 1000 am.
 - e. The PSW's stated that it is not safe to leave certain residents unattended in the bathroom while the PSW leaves to ask a nurse to get them a needed brief; so the PSW pulls the call light and stays with the resident until another staff person answers the bell and asks the nurse to get a brief. In the meantime, the resident often becomes agitated because the resident has to wait for the brief. The short supply affects the resident's behaviours. The PSWs stated they are routinely getting the nurse to obtain 6 to 7 extra briefs per dayshift for them and always run out on evening shift.
 - e. Resident #002 purchased own incontinent products because resident was not aware that home provided them.

(146)



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**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Jun 03, 2013



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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance
Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la
conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 28th day of May, 2013

Signature of Inspector /

Signature de l'inspecteur :

BARBARA NAYKALYK-HUNT

Name of Inspector /

Nom de l'inspecteur :

BARBARA NAYKALYK-HUNT

Service Area Office /

Bureau régional de services : Hamilton Service Area Office