



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  
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### Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 9, 2013	2012_208141_0009	H-002156- 12	Complaint

#### Licensee/Titulaire de permis

BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

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

BENNETT HEALTH CARE CENTRE  
1 Princess Anne Drive, Georgetown, ON, L7G-2B8

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

SHARLEE MCNALLY (141)

#### 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 19, 2012

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Manager of Resident Care, Registered Nurses (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSWs)

During the course of the inspection, the inspector(s) reviewed resident records, home's policies and procedures, physician communication book, and the 24 hour report book

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Nutrition and Hydration

Pain

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
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



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. 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 :**



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1. The licensee did not ensure 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 was required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with. The homes "Procedure Death Checklist" stated documentation was required in Point Click Care (PCC) at time of residents death that included time of death, circumstances of death, time and name of physician notified, order by the physician to destroy all medication, and completion of the Death/Discharge summary by the attending physician. An identified resident died in 2012. At time of this inspection there was no documentation in the resident's records concerning residents' death, the physician had not ordered destruction of the resident's medication, and the physician had not completed a Death/Discharge summary. The DOC confirmed the documentation should of been completed. [s. 8. (1) (b)]

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Issued on this 9th day of January, 2013

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

A handwritten signature in black ink, appearing to read "Shirley M. Kelly", written over a white rectangular background.