



**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 25, 2016	2016_339617_0005	026196-15	Complaint

Licensee/Titulaire de permis

CVH (No.2) LP

c/o Southbridge Care Homes 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

BIRCHWOOD TERRACE

237 Lakeview Drive R. R. #1 KENORA ON P9N 4J7

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

SHEILA CLARK (617), JENNIFER KOSS (616)

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): January 18, 19, 20, 21, 22, 2016

This Complaint inspection is related to the following three complaints regarding:

- plan of care, responsive behaviours and duty to protect, Intake #026196-15,**
- plan of care, Intake #026617-15,**
- staffing and care standards, maintenance of tubs, housekeeping cleanliness, administration of medications, Intake #028058-15.**

This inspection was conducted concurrently with Follow Up Inspection #2016_339617_0004 and Critical Incident Inspection #2016_339617_0003.

Findings of non-compliance regarding plan of care, LTCHA, 2007, S. O. 2007, c. 8, s. 6 (7), and mandatory reporting, LTCHA, 2007, S. O. 2007, c. 8, s. 24 (1), found during this inspection were issued in the Follow Up Inspection #2016_339617_0004.

During the course of the inspection, the inspector(s) spoke with Administrator (AD), Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, Resident Services Coordinator (RSC), Environmental Services Manager (ESM), Food Services Manager (FSM), Registered Dietitian (RD), Housekeepers (HSKs), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), residents and family.

Observations were made of the home areas, meal services, and the provision of care and services to residents during the inspection. The home's policies and procedures and resident health records were reviewed.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Medication**

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Responsive Behaviours

Training and Orientation



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

1 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

Legendé

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 O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was investigated and resolved where possible, and a response was provided within 10 business days of the receipt of the complaint, and where the complaint alleged harm or risk of harm to one or more residents, the investigation was to commence immediately.

A written complaint related to nutrition and hydration concerns for resident #001, dated on September, 2015, and received by the home via fax on September 2015.

A review of the home's investigation notes were provided to Inspector #616 by the Administrator. A letter was faxed to the complainant 19 days after the complaint was received, where the Administrator acknowledged receipt of the written complaint of September 2015. The letter indicated that the home was conducting an investigation into the complaint with "hopes to provide a comprehensive report within 10 business days".

A second letter was also faxed to the complainant by the home 19 days after the complaint was received. This letter was dated June 2014, and referenced a faxed letter of concern dated September 2014, indicating the home's conclusion of their investigation relative to the complainant's concerns.

During an interview with the Inspector on January 21, 2016, the Administrator reported that the dates on the second letter were incorrect, and confirmed the letter was faxed to the complainant 19 days after the complaint was received, and referenced the letter of concern received September 3, 2015. The Administrator also stated that the investigation commenced, was resolved, and the home responded to the complainant on the same day, 19 days after the complaint was received.

Thirteen business days passed from the date the complaint was received by the home to the initiation, completion, and results of the investigation provided to the complainant. The alleged risk to the resident's nutrition and hydration status was not investigated immediately and resolved within 10 business days. [s. 101. (1) 1.]



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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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is investigated and resolved where possible, and a response is provided within 10 business days of the receipt of the complaint, and where the complaint alleged harm or risk of harm to one or more residents, the investigation is to commence immediately, to be implemented voluntarily.

Issued on this 1st day of March, 2016

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

Original report signed by the inspector.