



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

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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119, rue King Ouest, 11<sup>ème</sup> étage  
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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 24, 2010	2010_107_2641_24Aug093708	Complaint Inspection # H-00441

**Licensee/Titulaire**  
Blackadar Continuing Care Centre Inc.  
101 Creighton Road  
Dundas, ON  
L9H 3B7  
905-627-5465 Phone  
905-628-2044 Fax

**Long-Term Care Home/Foyer de soins de longue durée**  
Blackadar Continuing Care Centre  
101 Creighton Road  
Dundas, ON  
L9H 3B7

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Michelle Warrener

**Inspection Summary/Sommaire d'inspection**

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

During the course of the inspection, the inspector spoke with:

The Administrator, Director of Care, Assistant Director of Care/RN, Registered Dietitian, Director of Nutrition Services, Residents, Front line staff (HCA's and RPN's).

During the course of the inspection, the inspector(s):

Reviewed health care records and observed meal service.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Continence Care and Bowel Management

Findings of Non-Compliance were found during this inspection. The following action was taken:

[ 2 ] WN

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

**WN** – Written Notifications/Avis écrit

**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire

**DR** – Director Referral/Régisseur envoyé

**CO** – Compliance Order/Ordres de conformité

**WAO** – Work and Activity Order/Ordres: travaux et activités

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

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6 (10) (c) 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,

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

#### Findings:

1. The plan of care for a resident has not been reassessed and revised when the interventions have not been effective. The Registered Dietitian identified that the resident is at risk of dehydration at the June, 2010 nutritional assessment and implemented strategies that are documented on the resident's plan of care. Documentation does not reflect that the nutritional plan of care was reviewed and



revised when the interventions were not effective. The resident's fluid intake is consistently documented as low on the July 2010 food and fluid intake flow sheets. The resident is documented as not meeting assessed hydration requirements of 1500ml/day on 17/19 days in July prior to hospitalization.

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**WN #2: The Licensee has failed to comply with O. Reg. 79/10, s. 51 (1) 2**

The continence care and bowel management program must, at a minimum, provide for the following:  
2. Treatments and interventions to prevent constipation, including nutrition and hydration protocols.

**Findings:**

1. An identified resident did not have nutrition protocols in place to prevent constipation. The resident has not been assessed for nutrition interventions and is not currently receiving nutrition interventions to address and prevent constipation. The resident has had ongoing problems with constipation documented in their plan of care (April 2010 – 5 PRN (as required) bowel medications administered; May – 7 bowel medications administered; June – 5 bowel medications administered; July – 4 bowel medications administered; August – 6 bowel medications administered to date).

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Signature of Licensee or Representative of Licensee  
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division  
representative/Signature du (de la) représentant(e) de la Division de la  
responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report: (if different from date(s) of inspection).

*Y. Wanner*  
*September 16, 2010*