

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

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

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Report Date(s) / Inspection No / Log # / Type of Inspection / Date(s) du apport No de l'inspection Registre no Genre d'inspection

Feb 25, 2016 2016_168202_0005 002211-16 Complaint

Licensee/Titulaire de permis

The Royale Development GP Corporation as general partner of The Royale Development LP 302 Town Centre Blvd Suite 300 MARKHAM ON L3R 0E8

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

BRADFORD VALLEY 2656 6th Line Bradford ON L3Z 3H5

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

VALERIE JOHNSTON (202)

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 26, 27, 28, 29, and February 03, 04, 05, 2016.

During the course of the inspection, the inspector: reviewed clinical records, observed meal services, observed resident care equipment and policies related to nutrition and hydration.

This inspection is related to a complaint regarding unsafe mobility equipment, lack of oral care, and nutrition and hydration.

During the course of the inspection, the inspector(s) spoke with director of care (DOC), registered dietitian (RD), director of dietary services (DDS), director of resident programs and admission, physiotherapy assistant, physiotherapist, restorative care aide, registered nursing staff, and personal support workers.

The following Inspection Protocols were used during this inspection: Falls Prevention
Nutrition and Hydration
Personal Support Services

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)



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NON-COMPLIANCE / NON -	RESPECT DES EXIGENCES
Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non- respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
- (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
- (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants:

1. The licensee has failed to ensure that, the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

A review of resident #001's plan of care revealed that the resident's Substitute Decision Maker (SDM) had requested that the resident use an ultimate walker at all times.

An interview with the SDM revealed that at an approximate identified date, he/she had observed the resident sitting in an ultimate walker with the horizontal cross bar broken at the tip. The SDM provided the inspector with photos which confirmed the above.

An interview with RN #107 indicated that on an identified date, he/she noticed that resident #001's ultimate walker was damaged as described above and removed the walker from the home area.

An interview with the RCA, revealed that the ultimate walkers are owned by the home and are provided to resident's that require them. The RCA confirmed that the ultimate walker that resident #001 had been using, had a damaged horizontal cross bar and was removed, for repair. The RCA further stated that as of the time that the above mentioned ultimate walker was repaired, a weekly maintenance audit is completed for all ultimate walkers used in the home and in addition to the audit a checklist is to be completed by all staff prior to resident use. [s. 15. (2) (c)]



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Issued on this 25th day of February, 2016

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

Original report signed by the inspector.