



**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**

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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 9, 2015	2015_201167_0001	H-001740-14	Critical Incident System

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### Licensee/Titulaire de permis

THE CENTRAL CANADIAN DISTRICT OF THE CHRISTIAN AND MISSIONARY  
ALLIANCE IN CANADA  
155 PANIN ROAD BURLINGTON ON L7P 5A6

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

CAMA WOODLANDS NURSING HOME  
159 PANIN ROAD BURLINGTON ON L7P 5A6

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

MARILYN TONE (167)

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## Inspection Summary/Résumé de l'inspection

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): January 14, 15, 2015**

**During the inspection, the inspector conducted a review of the health files for identified residents and reviewed relevant documents, investigation notes and policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), nursing staff, identified residents and other relevant staff members as appropriate.**

**The following Inspection Protocols were used during this inspection:**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

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

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**
**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that resident #001 was cared for in a manner consistent with their needs.

i. Resident #001 was noted on an identified Minimum Data Set (MDS) assessment completed in 2014 to have limited Range of Motion (ROM) in their arms, legs and feet. The resident was also noted to have chronic pain.

ii. The DOC and other nursing staff interviewed confirmed that the resident's clothing was too small and that they required larger clothing and open backed tops. It was also noted that the resident should have received assistance from two staff to provide for their dressing. A nursing staff member interviewed confirmed that the need for larger clothing had been reported to the Restorative Care and registered staff. No action was taken at that time related to obtaining larger clothing or open backed tops.

iii. In 2014, the resident sustained a fracture when a staff member attempted to dress the resident in clothing that was too small.

iv. Staff at the home did not provide care in a manner consistent with resident #001's needs resulting in an injury to the resident. [s. 3. (1) 4.]

***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 resident #001's right to be properly clothed, groomed and cared for in a manner consistent with their needs is properly respected and promoted, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**s. 6. (10) 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,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

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



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**Findings/Faits saillants :**



1. The licensee failed to ensure that resident #001 was reassessed and their plan of care reviewed and revised when the resident's care needs changed.

i. Resident #001 was noted in an identified MDS Assessment completed in 2014, to require total assistance of two staff for mobility, transferring, dressing, personal hygiene and toileting. It was also noted that the resident did not ambulate. Under the Range of Motion section of the assessment, the resident was noted to have limitation and partial loss of ROM. It was noted that the resident was transferred using a mechanical lift and two staff assistance.

ii. On an identified date in 2014, the resident sustained a fracture while being dressed by a staff member. The staff member confirmed that the resident had very stiff joints and that the resident's clothing was too small resulting in difficulty getting the resident dressed. The staff member and the Director of Care confirmed that the resident required larger clothing and open backed tops. The staff member also confirmed that they had reported the need for larger clothing or open backed tops to the Restorative Care and registered staff on a number of occasions. The staff member interviewed also confirmed that the resident should have the assistance of two staff to dress them.

iii. During a review of the document that the home refers to as the care plan found in the home's care plan binder during this inspection, it was confirmed that the care plan was not updated to include identification of the need for two staff to assist to dress the resident, nor was there any indication that the resident required open backed clothing. No new interventions were put in place to prevent another injury to the resident during dressing activities after the resident sustained the fracture. The care plan also indicated that the resident was transferred on and off of the toilet with the assistance of two staff but did not indicate the need to use a mechanical lift. A personal support worker interviewed indicated that the resident is not usually toileted at present partly because of the pain from their fracture. The care plan indicated that the resident should not be allowed to ambulate without assistance, should be encouraged to use hand rails and to provide one person to assist with ambulation when in fact the resident was not capable of ambulating at all.

iv. The care plan did not include identification of the fracture that the resident sustained while being dressed in 2014 and did not include any interventions to manage the fracture. The care plan did not include any precautions to take related to the fracture and the care plan related to pain did not identify the resident's fracture at all.

v. It was noted that there was no other updated care plan found in the home's electronic documentation system and the Director of Care was not able to locate a revised care plan for staff to follow. [s. 6. (10) (b)]



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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 resident #001 is reassessed and their plan of care reviewed and revised at least every six months and at any time when their care needs change, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records**

**Every licensee of a long-term care home shall ensure that,**

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

**Findings/Faits saillants :**

1. The licensee did not ensure that residents' written records were kept up to date at all times.
  - i. Resident #001 was transferred from Home #1 to Home #2 owned by the same operator on November 25, 2014. No progress notes were completed for the resident until the resident had been at the home for 16 days. There was no documentation to indicate when the resident arrived or their condition upon arrival.
  - ii. Resident #002 was transferred from Home #1 to Home #2 owned by the same operator on November 25, 2014. No progress notes were completed for the resident until the resident had been at the home for 9 days. There was no documentation to indicate when the resident arrived or their condition upon arrival.
  - iii. Resident #003 was transferred from Home #1 to Home #2 owned by the same operator on November 26, 2014. No progress notes were completed for the resident until the resident had been at the home for 28 days. There was no documentation to indicate when the resident arrived or their condition upon arrival.
  - iv. Resident #004 was transferred from Home #1 to Home #2 owned by the same operator on November 25, 2014. No progress notes were completed for the resident until the resident had been at the home for 13 days. There was no documentation to indicate when the resident arrived or their condition upon arrival.
  - v. Resident #005 was transferred from Home #1 to Home #2 owned by the same operator on November 25, 2014. No progress notes were completed for the resident until the resident had been at the home for 6 days. There was no documentation to indicate when the resident arrived or their condition upon arrival. [s. 231. (b)]

***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 the the written records for residents at the home are kept up to date at all times, to be implemented voluntarily.***

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**Issued on this 9th day of February, 2015**

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

**Original report signed by the inspector.**