



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de sions de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 21, 2016	2016_254610_0009	001777-16	Complaint

---

**Licensee/Titulaire de permis**

Omni Healthcare (CT) GPCO Ltd. as General Partner of Omni Healthcare (Country Terrace) Limited Partnership  
161 Bay Street, Suite 2430 TD Canada Trust Tower TORONTO ON M5J 2S1

---

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

COUNTRY TERRACE  
10072 Oxbow Drive R.R. #3 Komoka ON N0L 1R0

---

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

NATALIE MORONEY (610)

---

**Inspection Summary/Résumé de l'inspection**

---



**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**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 10, 11, 14, 2016**

**This complaint was related to resident responsive behaviours.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, one RAI-Coordinator, one RAI Coordinator Nurse, Administration Assistant, Clinical Coordinator, Acting Director of Care, one Behavioural Nurse, One Behavioural Personal Support Worker, one Personal Support Worker, two Registered Practical Nurses, Infection Control Nurse, and the Admission Coordinator.**

**During the course of the inspection the inspector completed resident observations, and interviews, reviewed policy and procedures and relevant documentation.**

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

**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	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.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**



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

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
  - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
  - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

**Findings/Faits saillants :**

1. The licensee failed ensure actions were taken to meet the needs of the resident with responsive behaviours include assessments, reassessments, interventions, and documentation of the resident's responses to the interventions.

A review of resident 005 health care record showed that the resident had responsive behaviours.

The homes Policy Managing Responsive Behaviours:

“When a new or escalated behaviour is identified, the DOS shall be initiated as per Policy # SM-1.9”.

The Medication Mapping Policy:

“...potential or actual responsive behaviours shall have their medication administration mapped as per the supportive measures protocols. Medication mapping shall occur for a minimum of 72 hours...”

The Nurse # 112 revealed that that behavioural mapping should have been initiated and medication administration mapping was not completed.

Actions were not taken to respond to the behavioural needs of the resident. [s. 53. (4) (c)]



**Ministry of Health and  
Long-Term Care**

**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**

***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 actions were taken to meet the needs of the resident with responsive behaviours include assessments, reassessments, interventions, and documentation of the resident's responses to the interventions, to be implemented voluntarily.***

---

**Issued on this 21st day of April, 2016**

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

**Original report signed by the inspector.**