



**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 soins de longue durée**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 27, 2018	2018_720130_0006	029097-16, 030373-16, 035146-16, 021410-17	Complaint

Licensee/Titulaire de permis

955464 Ontario Limited
3700 Billings Court BURLINGTON ON L7N 3N6

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

Crescent Park Lodge
4 Hagey Avenue Fort Erie ON L2A 5M5

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

GILLIAN HUNTER (130), AILEEN GRABA (682)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 26, 27, March 1, 2, 2018.

During this inspection, resident care was observed, clinical records, complaint logs, relevant policies and procedures and investigation notes were reviewed.

The following complaint inspections were conducted during this inspection: 029097-16 related to Residents' Bill of Rights, continence care, menu planning, food production and dining and snack service; 030373-16 related to prevention of abuse and transfers and positioning; 035146-16 related to prevention of abuse and 021410-17 related to plan of care and skin and wound.

The following critical incident inspections were conducted concurrently with this complaint inspection: 030416-16 and 007576-17 related to transferring and positioning and 027968-17 related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, registered staff, personal support workers and residents.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Continence Care and Bowel Management
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints**

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)

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. 6.
Plan of care**



Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

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).

Findings/Faits saillants :

The licensee failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

A) The written plan of care for resident #004, revised in 2017, provided specific directions related to the level of assistance required for transfers. The assessment titled "Lifts and Transfer - 3 day assessment", initiated around the same time period in 2017, revealed the resident required a higher level of assistance than was stated in the written plan of care.

On an identified date in 2018, the resident was observed with a device in place to assist with transfers. In 2018, the RAI Coordinator confirmed in an interview that the level of assistance required for transfers was consistent with directions in the assessment titled Lifts and Transfer - 3 day assessment.

The plan of care for resident #004 was not based on the assessed needs of the resident.

Please note this non compliance was issued as a result of the following complaint inspection: 030373-16 (130). [s. 6. (2)]

2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.



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The written plan of care for resident #003, revised on a specified date in 2015, revealed the resident required specific assistance with transfers. The assessment titled Lifts and Transfer - 3 day assessment, initiated on a specified date in 2018, indicated the resident was having pain to a specified area when transferred (per day shift staff) and therefore staff would trial using a specific method for transfers.

On an identified date in 2018, the resident was observed with a device in place to assist with transfers.

On an identified date in 2018, the RAI Coordinator confirmed that the resident was transferred in accordance with the assessment titled Lifts and Transfer - 3 day assessment and that the written plan of care was not updated when the resident's care needs changed.

Please note this non compliance was issued as a result of the following complaint inspections: 030373-16 and 030416-16 (130). [s. 6. (10) (b)]

Issued on this 27th day of April, 2018

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

Original report signed by the inspector.