



**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 prévue
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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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 13, 2018	2018_704682_0025	028916-17	Complaint

Licensee/Titulaire de permis

The Regional Municipality of Niagara
1815 Sir Isaac Brock Way THOROLD ON L2V 4T7

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

Deer Park Villa
150 Central Avenue GRIMSBY ON L3M 4Z3

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

AILEEN GRABA (682)

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): November 30 2018;
December 3, 5, 6 2018.**

**The following onsite inquiries were conducted concurrently with the complaint
inspection:**

**027726-17 related to prevention of abuse
004916-18 related to prevention of abuse
023977-18 related to fall prevention and nutrition/hydration
023921-18 related to fall prevention
010609-18 related to fall prevention
019055-18 related to prevention of abuse
001288-18 related to prevention of abuse
000504-18 related to admission and discharge**

**The following critical incident inspections were conducted concurrently with the
complaint inspection:**

026118-17, 001278-18 related to prevention of abuse

**During the course of the inspection, the inspector(s) spoke with the Administrator/
Director of Resident Care; registered staff; personal support workers (PSW); and
residents.**

**During the course of the inspection, the Inspector(s) observed provision of care,
reviewed clinical records; meeting minutes; policies and procedures; investigation
notes and staffing schedules.**

The following Inspection Protocols were used during this inspection:

**Hospitalization and Change in Condition
Personal Support Services
Prevention of Abuse, Neglect and Retaliation**



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	
<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>Légende</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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

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 :



1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A complaint log #028916-17 was submitted to the Director on an identified date in 2017, regarding resident #001. A clinical record review indicated that on an identified date in 2017, resident #001 current plan of care identified an intervention that resident #001 was to have provided related to specific needs. The plan of care also included an intervention as per the Point of Care (POC) schedule.

During an interview on an identified date in 2018, staff #101 and staff #103 both confirmed interventions required with specific needs. Staff #101 and staff #103 also confirmed that the (POC) schedule for an intervention and that it was documented in (POC) tasks. During an interview on an identified date in 2018, registered staff #102 confirmed that resident #001 had a preference related to personal care and that on an identified date in 2017 they were not aware. Registered staff #102 also stated that a interventions documented in the plan of care was not done. Registered staff #102 stated that the care was not provided to resident #001 as specified in the plan. During an interview on an identified date in 2018, the Administrator stated that care set out in the plan of care for resident #001 was not provided as specified in the plan. [s. 6. (7)]

2. The licensee failed to 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,
(b) the resident's care needs change or care set out in the plan is no longer necessary;

A complaint log #028916-17 was submitted to the Director on an identified date in 2017. A clinical record review indicated that on a identified date in 2018, the physician diagnosed resident #001 with a medical condition that required certain interventions. A progress note on an identified date in 2018 confirmed that the substitute decision maker (SDM) was informed and agreed to the plan of care. Further review of resident's plan of care did not include any specific interventions. A review of an identified policy directed registered nursing staff to ensure assessments and interventions.

During an interview on an identified date in 2018, registered staff #105 confirmed that an assessment was not performed until an identified date in 2018 and the care plan did not include any specific interventions. Registered staff #105 stated that the resident was not reassessed and the plan of care was not revised when resident #001 care needs changed on an identified date in 2018. [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 the care set out in the plan of care is provided to the resident as specified in the plan; to ensure that the resident is reassessed and the plan of care is reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

Issued on this 20th day of December, 2018

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

Original report signed by the inspector.