



**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**

**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
Sep 12, 2018	2018_739694_0011	021456-17	Complaint

Licensee/Titulaire de permis

Corporation of the County of Dufferin
151 Centre Street SHELBURNE ON L9V 3R7

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

Dufferin Oaks
151 Centre Street SHELBURNE ON L9V 3R7

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

AMANDA COULTER (694)

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): August 8, 9, and 10, 2018.

**During the course of the inspection, the following Complaints were
inspected;**

Complaint Inspections;

Log # 021456-17 related to complaints and reporting.

**During the course of the inspection, the inspector(s) spoke with The Administrator,
Director of Care, Registered Nurses (RN), Registered Practical Nurses (RPN),
Personal Support Workers (PSW) and Residents.**

**During the inspection, the Long Term Care Homes Inspector toured the home,
observed the provision of resident care, reviewed resident clinical records,
personnel files, staff training records and relevant policies and procedures, and
interviewed residents and staff.**

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

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. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly; O. Reg. 79/10, s. 101 (3).

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and O. Reg. 79/10, s. 101 (3).

(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record is kept in the home that includes any response by a complainant to the licensee's response to a complaint.

The licensee received a complaint from Substitute Decision Maker (SDM) of resident #004 in August 2017. Meetings were held with the DOC, Administrator, Nurse Practitioner (NP) and the SDM on a specific date in August 2017 to address their care concerns.

The licensee's investigation notes were reviewed, response from the home was provided to the complainant in August 2017 and in September 2017. The complainant communicated they did not feel their questions were answered.

The DOC was interviewed and acknowledged the complainant communication however, a copy of the complaint's response was not included or documented in the home's



records.

The licensee failed to ensure a documented record of complaints is kept in the home, which included any response made in turn by the complainant.

2. The licensee has failed to ensure that the documented record was reviewed and analyzed for trends at least quarterly, the results were taken into account in determining improvements where required and a written record of the review and improvements made in response is kept.

A review of the licensee's Quality Services - Continuous quality improvement, Quarterly Summary report forms for 2017 fourth quarter and 2018 first quarter were completed. The results of monitoring stated a total of 13 complaints were received in 2017 and referred to the complaint log. A written complaint sent by SDM of resident #004 on a specific date in August 2017 was not included on the licensee's complaint log. Actions taken stated, one written complaint was received related to care and was forwarded to the MOHLTC.

The licensee's policy "Complaints", policy # GN 3-160, created on January 1993, last revised November 2014 directed the Administrator or designate will review and analyze the complaint log quarterly. The results of the review were to be reported to the home Quality Services Committee and considered when determining what improvements are required in the home.

Long Term Care Homes (LTCH) Inspector interviewed the Administrator. The Administrator stated that written complaints are not recorded on the complaint log only verbal complaints are. The complaint log from July 2017 until current date were reviewed. This complaint was not recorded on the complaint log, there was no record of a review or analysis and no record of improvements made in response to the complaint.

The licensee failed to ensure they documented a review and analysis, improvements made and all kept in a written record of complaints.



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Issued on this 3rd day of October, 2018

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

Original report signed by the inspector.