



**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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**Public Copy/Copie du public**

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<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>
May 16, 2017	2017_363659_0008	007410-17	Resident Quality Inspection

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**Licensee/Titulaire de permis**

Corporation of the City of Guelph  
c/o The Elliott Long Term Care Residence 170 Metcalfe Street GUELPH ON N1E 4Y3

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

The Elliott Long Term Care Residence  
170 METCALFE STREET GUELPH ON N1E 4Y3

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

JANETM EVANS (659), RHONDA KUKOLY (213), SHARON PERRY (155)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): April 18, 19, 20, 21 and 24, 2017.**

**The following intake (s) were completed within this Resident Quality Inspection: Critical Incident Log # 030481-16 / C521-000009-16 related to staff to resident verbal abuse.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, the Nurse Educator, the Resident Assessment Instrument (RAI) Coordinator, Registered Nurses, Registered Practical Nurses, the Dietitian, the Director of Recreation and Volunteer Services, the Director of Environmental Services, the Housekeeping Supervisor, Personal Care Providers, the Resident Council President; Family Council Representative and residents and family members.**

**The inspector(s) conducted a tour of the home, and reviewed clinical records and plans of care for relevant residents, pertinent policies and procedures, Residents' and Family Council minutes. Observations were also made of general maintenance, cleanliness, and condition of the home, infection prevention and control practices, provision of care, staff to resident interactions, medication administration and storage areas, and required Ministry of Health and Long-Term Care postings.**

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



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**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Skin and Wound Care**

**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>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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's Weight and Height policy was complied with.

O. Reg. 79/10 s. 68 (1)(e)(ii) states: every licensee of a long-term care home shall ensure that the nutrition and hydration program includes "a weight monitoring system to measure and record with respect to each resident, body mass index and height upon admission and annually thereafter".

The home's "Weight and Height" policy #008, implemented March 1994, stated "heights will be obtained on an annual basis".

A record review of heights and weights for 20 residents was completed. There was no height documented in Point Click Care in 2016 for eight residents .

In interviews on April 21, 2017, with the Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator and Registered Practical Nurse (RPN), they said the expectation was that heights were to be taken at the time of residents' annual physicals, documented on the Annual Physical form and transferred into Point Click Care.

A record review of paper charts and annual physical forms for the above residents was completed. There was no height documented on the Annual Physical form for five residents.

In an interview on April 21, 2017, the DOC said that heights were to be measured annually and if they were not documented in Point Click Care or on the resident's Annual Physical form, the policy was not followed.

The licensee failed to ensure that the Weight and Height policy was complied with when there was no height obtained annually for each resident. [s. 8. (1) (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 their policy related to Weight and Height is complied with. Specifically the licensee will ensure that all residents of the home will have their height obtained on an annual basis, to be implemented voluntarily.***

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Issued on this 17th day of May, 2017

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

**Original report signed by the inspector.**