



Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

**Inspection Report
under the *Long-Term Care Homes Act, 2007***

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de longue durée***

Bureau régional de services de Hamilton
119, rue King Quest, 11th étage
Hamilton ON L8P 4Y7

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspction
Sept. 30, 2010	2010_169_2858	Complaint Log #H-01319
Licensee/Titulaire Extendicare Canada		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Hamilton 90 Chedmac Drive Hamilton ON L9C7S6 FAX 905 318 1162		
Name of Inspector(s)/Nom de l'inspecteur		
Yvonne Walton ID#169		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to the care of a resident prior to hospitalization.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Director of Care and Regional Director</p> <p>During the course of the inspection, the inspector: Conducted a retrospective clinical review from the home and the hospital.</p> <p>The following Inspection Protocols were used during this inspection: Care and Services</p> <p><input type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>[1] WN [1] VPC</p>		



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NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigences prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA O.Reg. 79/10 s.6(10)(b).

(10)(b) Every 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 the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. An identified resident had an infection and was receiving antibiotic treatment. The resident began to experience a change in condition and requested to see the doctor. The home obtained a urine specimen and sent it to the lab. The resident continued to develop increase lethargy and became confused over the next few days. Five days after obtaining the specimen, the specimen results had not returned yet. In 2010, the resident was sent to the hospital and upon arrival, the resident was provided treatment and admitted.
2. The home failed to do an assessment of the resident's change in condition and develop a plan of care to address the identified resident's needs, resulting in hospitalization.

Inspector ID #: 169

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 all residents including the identified resident are reassessed and the plan of care reviewed and revised when the care needs change, to be implemented voluntarily.



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Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé. <i>Revised for the purpose of publication.</i> <i>Helen assigned Aug 5/11 for</i>
Title:	Date:

Date of Report: (if different from date(s) of inspection).
Y Walton