



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 14, 2019	2019_750539_0007	023054-18, 032753- 18, 002849-19, 003733-19	Complaint

Licensee/Titulaire de permis

Corporation of the County of Grey
595 9th Avenue East OWEN SOUND ON N4K 3E3

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

Grey Gables Home for the Aged
206 Toronto Street South MARKDALE ON N0C 1H0

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

VALERIE GOLDRUP (539)

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): May 7, 8, 9, 14, 15, and 16, 2019.

The following intakes were completed in this Complaint inspection:

Log #032753-18/ IL-62623-CW and Log #003733-19/ IL-64284-CW - complaints regarding the care of a resident.

Log #023054-18/ CIS M606-000011-18 regarding an incident that caused an injury to a resident for which the resident was taken to hospital and which resulted in a significant change in a resident's health status.

Log #002849-19/ CIS M606-000002-19 regarding an incident that caused an injury to a resident for which the resident was taken to hospital and which resulted in a significant change in a resident's health status.

The inspection was completed concurrently with Follow up inspection # 2019_750539_0006.

During the course of the inspection the inspector toured the home and observed resident care, services and activities. Clinical records and plans of care for identified residents were reviewed. Also, relevant documents were reviewed including but not limited to the home's documentation and procedures as related to the inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care (DOC), Assistant Director of Care (ADOC), Scheduler, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), residents and their families.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Personal Support Services



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	Légende
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 LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that resident #001's plan of care set out clear direction to staff who provided direct care to the resident.

A family member contacted the MOHLTC with concerns regarding the provision of resident care.

A PSW and a RPN stated that they used the electronic kardex and care plan to identify an individual resident's care needs and interventions.

Resident #001's kardex and care plan described their individual care needs and interventions.

Inspector observations identified that the resident's provision of care did not clearly match the information on the kardex and care plan.

Staff were able to describe the current care needs of the resident, and appropriate interventions. However, they agreed it was not clearly stated on the kardex and care plan if a new employee was to provide care. Registered staff stated that the resident's health needs had changed.

The home failed to ensure that resident #001's care plan provided clear direction to staff in regards to the resident's care needs and interventions.



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Issued on this 21st day of June, 2019

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

Original report signed by the inspector.