



**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 prévue le Loi de 2007 les foyers de soins de longue**

Health System Accountability and Performance  
Division  
Performance Improvement and Compliance Branch  
Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
May 11, Jun 6, 2012	2012_074171_0003	Critical Incident

**Licensee/Titulaire de permis**

DEEM MANAGEMENT SERVICES LIMITED  
2 QUEEN STREET EAST, SUITE 1500, TORONTO, ON, M5C-3G5

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

HAMILTON CONTINUING CARE  
125 WENTWORTH STREET SOUTH, HAMILTON, ON, L8N-2Z1

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

ELISA WILSON (171)

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

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with the administrator, assistant director of care, registered staff, personal support workers, and residents.

During the course of the inspection, the inspector(s) reviewed the plan of care for an identified resident, reviewed inservice training records and identified home policies.

H-00627-12

PLEASE NOTE: 2 non-compliance were found related to the Licensee's failure to respect and promote resident's rights [LTCHA, s.3(1)1] and to ensure care was provided as per the plan of care [LTCHA, s.6(7)]. These non-compliance were issued in Inspection 2012\_067171\_0010 (2012\_074171\_0002), conducted on April 12-13, 2012 and are contained in the Report of that inspection.

This report is equivalent to inspection #2012\_067171\_0009 which was completed April 12, 16, 2012 in a Word document and provided to the home on May 8, 2012.

The following Inspection Protocols were used during this inspection:

Findings of Non-Compliance were found during this inspection.

**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.)  The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.  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. 76. Training**
**Specifically failed to comply with the following subsections:**

**s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).**

**Findings/Faits saillants :**

1. The licensee had not ensured that all staff had received retraining in the long-term care home's policy to promote zero tolerance of abuse and neglect of residents annually as per regulation s. 219 (1).

Inservice sign-in sheets were reviewed for the year 2011 and it was noted not all staff received training during that year on the home's policy titled Resident Abuse. It was confirmed by the Administrator only the staff working on the day of the inservice would have received the training and there were no procedures in place to ensure all staff received training that year.

**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 staff are retrained annually in the areas mentioned in the subsection, specifically the home's policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.***

Issued on this 6th day of June, 2012



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