



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 sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 23, 2013	2013_047142_0003	O-000379- 13	Complaint

Licensee/Titulaire de permis

GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive, Amherstview, ON, K7N-1X3

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

HELEN HENDERSON NURSING HOME
343 Amherst Drive, Amherstview, ON, K7N-1X3

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

JANET MCPARLAND (142)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 15th & 16th, 2013

During the course of the inspection, the inspector(s) spoke with Administrator and Director of Care.

During the course of the inspection, the inspector(s) reviewed the Licensee's complaints procedure and reviewed the complaint binder.

The following Inspection Protocols were used during this inspection:
Reporting and Complaints



Findings of Non-Compliance were found during this inspection.

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 LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :



1. A letter from a family member of a resident was sent to the Director of Care (DOC) on a specified date in June 2012. This letter was in response to a previous letter sent to the family member on a specified date in June 2012 by the DOC. On May 16, 2013 the DOC was interviewed and she indicated that she did not send the letter of June to MOHLTC.

The licensee failed to ensure that a written complaint concerning the care of a resident was immediately forwarded to the Director. [s. 22. (1)]

WN #2: 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).**

Findings/Faits saillants :

1. A letter from a family member of a resident was sent to the Director of Care (DOC) on a specified date in June 2012. The DOC indicated that she spoke to the family member about the letter, but she was not able to provide information regarding the date on which any response was provided to the family member or a description of the response.

The licensee failed to ensure that a documented record is kept in the home that includes the requirements of Ontario Regulation 79/10 s. 101 (2). [s. 101. (2)]



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Loi de 2007 sur les foyers de
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Issued on this 23rd day of May, 2013

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

Janet McParland (Inspector #142)