



**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>
Aug 25, 2016	2016_206115_0026	011027-16	Complaint

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**Licensee/Titulaire de permis**

S & R NURSING HOMES LTD.  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

HERON TERRACE LONG TERM CARE COMMUNITY  
11550 McNorton Street WINDSOR ON N8P 1T9

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

TERRI DALY (115)

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**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): July 27, 29, August 2 & 9, 2016**

**This complaint inspection IL-44110-LO was related to an alleged fall, resident assessment, and missing personal laundry.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care(MRC), Registered Practical Nurses(RPN), Personal Support Workers(PSW), the Manager of Environmental Services and two family members.**

**The inspector also reviewed the clinical record of one resident, and relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**  
**Accommodation Services - Laundry**  
**Falls Prevention**  
**Personal Support Services**  
**Reporting and Complaints**

**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**

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).	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 O.Reg 79/10, s. 101. Dealing with complaints**

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

**s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**

**3. A response shall be made to the person who made the complaint, indicating,**  
**i. what the licensee has done to resolve the complaint, or**  
**ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure a written complaint made to the licensee or a staff member concerning the operation of the home, had a response made back to the person who made the complaint, indicating:
  - i. what the licensee has done to resolve the complaint, or
  - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

Resident #001's family completed a S & R Nursing Homes Ltd. Suggestions, Concerns, Complaints, & Compliments form.

The family expressed concern to a Registered Team Member(RTM), however they were unsure of the follow up as no one had responded to the form.

A review of the form revealed an action plan and final resolution documented however there was no documentation that a response was provided to the complainant.

A review of current policies and procedures was completed, ADMIN 08-09 Customer and Team Member Internal Feedback Process policy revised July 15, 2016, indicated:  
Process upon receipt of a Feedback form:

5. A record of all feedback forms will be kept in the home that includes:  
"The action taken to resolve/respond to the person submitting the form and any follow up actions to be taken."

The Manager of Environmental Services(MES) #102 stated during an interview that certain issues were usually reported to himself in an email or often recorded using the concern form. The MES was able to provide two concern forms completed on behalf of resident #001.

The MES stated that he typically followed up with the complainant/family, however did not feel in this case it was required.

A review of ENVIRO 09-26 Lost and Found policy last revised June 8, 2016, provided the process to include the following:

"Registered Team Member (RTM) will contact the Resident or Family with the findings and also notify Manager of Resident Care(MRC) and Manager of Environmental Services (MES) by replying to the initial email of concern.

If clothing was not found by the Nursing Team it will be the responsibility of the RTM of



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that home area to inform MRC and MES by responding to the initial email of concern and then the MRC will follow up with Resident or family along with the Administrator to come up with a resolve."

Despite a recent revision to the home's policies and procedures Administrator # 100 stated it has always been the expectation that all concerns/complaints are followed up with the complainant per the ministry regulations. [s. 101. (1) 3.]

***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 for every written complaint a response shall be made to the person who made the complaint, indicating, what the licensee has done to resolve the complainant, to be implemented voluntarily.***

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**Issued on this 25th day of August, 2016**

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

**Original report signed by the inspector.**