



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

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ème} étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 21, 2014	2014_280541_0003	O-000010- 14, O- 000787-13	Complaint

Licensee/Titulaire de permis

REGIONAL MUNICIPALITY OF DURHAM
605 Rossland Road East, WHITBY, ON, L1N-6A3

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

HILLSDALE ESTATES
590 Oshawa Blvd. North, OSHAWA, ON, L1G-5T9

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

AMBER MOASE (541)

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): January 13-15, 2014

During the course of the inspection, the inspector(s) spoke with Residents, a family member, personal support workers, a dietary aide, registered practical nurses, registered nurses, the director of care and the administrator.

During the course of the inspection, the inspector(s) Reviewed resident health care records, observed meal service in the dining rooms and observed residents in common areas.

The following Inspection Protocols were used during this inspection:



**Contenance Care and Bowel Management
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services**

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. 6. Plan of care



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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 has failed to comply with LTCHA 2007 c.8 s.6(1)(c) in that the plan of care for Resident #1 does not provide clear direction to staff who provide direct care to the resident.

Resident #1 is identified on his/her nutritional care plan as moderate nutritional risk. Quarterly assessment completed December 9, 2013 identified resident as having both short and long term memory problems and severely impaired cognitive skills.

On November 5, 2013 the Resident #1's diet was changed to minced as per a diet order written by the Registered Dietitian on this date. On December 29, 2013 resident's dentures went missing and were not found.

Resident #1's care plan dated December 13, 2013 and in effect on date of inspection, states resident is to receive a regular texture and softer choice with minced as needed. This care plan directs staff to ensure residents dentures are cleaned daily.

During an interview with the Director of Care on January 14, 2014 the care plan was identified as the document the Personal Support Workers (PSWs) use to direct their care. When asked what they use to determine a resident's care needs, two PSWs interviewed stated the care plan directs the residents care.

The care plan for Resident #1 does not provide clear direction to staff as his/her diet texture was changed to minced on November 5, 2013 and the care plan dated December 13, 2013 indicates he/she is to receive regular texture with minced provided only as needed. [s. 6. (1) (c)]



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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 that the care plan for residents with a modified diet texture provides clear direction to staff, to be implemented voluntarily.

Issued on this 24th day of January, 2014

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

Amber Moase, RD