



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

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

**Public Copy/Copie du public**

| Report Date(s) /<br>Date(s) du Rapport | Inspection No /<br>No de l'inspection | Log # /<br>Registre no           | Type of Inspection /<br>Genre d'inspection |
|--|---------------------------------------|----------------------------------|--|
| Sep 18, 2013                           | 2013_214146_0046                      | H-000323-<br>13/ H-<br>000480-13 | Complaint                                  |

**Licensee/Titulaire de permis**

THE REGIONAL MUNICIPALITY OF NIAGARA  
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7

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

LINHAVEN  
403 Ontario Street, St. Catharines, ON, L2N-1L5

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

BARBARA NAYKALYK-HUNT (146), BERNADETTE SUSNIK (120)

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



**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**

---

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

**This inspection was conducted on the following date(s): August 29, 30 (120),  
September 5,10, 11, 12, 2013.**

**This inspection was conducted with Inspector Bernadette Susnik (120) and  
concurrently with 2 CI inspections H-000547-13, H-000189-13; 2 complaint  
inspections H-000442-13, H-000216-13; and 2 follow-up inspections H-000089-13,  
H-000403-13.**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, Director of Care (DOC), Associate Director of Care (ADOC),  
housekeeping/laundry supervisor, registered staff, Personal Support Workers  
(PSW's), housekeeping and laundry staff, residents and family members.**

**During the course of the inspection, the inspector(s) toured the laundry room  
and random resident rooms throughout the building, reviewed policies and  
procedures related to laundry and housekeeping, resident health records and the  
home's documentation related to the process of moving residents to  
accommodate the new Convalescent Unit.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping**

**Accommodation Services - Laundry**

**Personal Support Services**

**Reporting and Complaints**

**Safe and Secure Home**

**Findings of Non-Compliance were found during this inspection.**



| <b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>           VPC – Voluntary Plan of Correction<br/>           DR – Director Referral<br/>           CO – Compliance Order<br/>           WAO – Work and Activity Order</p>  | <p>Legendé</p> <p>WN – Avis écrit<br/>           VPC – Plan de redressement volontaire<br/>           DR – Aiguillage au directeur<br/>           CO – Ordre de conformité<br/>           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 O.Reg 79/10, s. 101. Dealing with complaints**



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

---

**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. The licensee has not ensured that a documented record was kept in the home that included:

- (a) the nature of each verbal or written complaint
- (b) the date the complaint was received
- (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
- (d) the final resolution, if any
- (e) every date on which any response was provided to the complainant and a description of the response, and
- (f) any response made by the complainant.

1.A review of the home's complaint log for 2012 and 2013 was done during an inspection related to three complaints; the 2013 complaint log contained no documents for 2013 prior to August 14, 2013. The DOC and Administrator stated that a new complaint form was initiated on August 14, 2013. Since that date, eight complaints are in the complaint log.

The complaint log for 2012 contained no documentation of any type after July 4, 2012. The Administrator stated that there were no written complaints between July 4, 2012 and August 14, 2013 and the verbal ones were dealt with immediately. A cursory review of the home's HSAO file for the past several months revealed that there had been 2 complaint letters submitted to the HSAO in April 2013 by the Administrator. The Administrator and DOC confirmed that the complaint process had not been followed in the past year.

2. Several complaints were made by a family member to the home staff regarding lost clothing items over the course of 2012 and 2013 for an identified resident. Several registered staff interviewed were well aware of the claims regarding lost clothing. In particular, a complaint was made to registered staff in June 2012 regarding several lost clothing items. This complaint was documented in the Director of Care's complaint binder. No follow up response was made to the complainant and was not available in the binder. The complainant confirmed that staff did not give a response other than "they will get back to" the complainant. (120)

3. The SDM of resident #400 stated that at the end of a meeting in April 2013 with management of the home related to resident safety complaints, a follow-up response to the SDM was promised by the administrator. The SDM states no follow-up response was ever received. Another meeting was requested by the SDM after a second safety issue in July 2013 and did take place.. [s. 101. (2)]



---

***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 a documented record is kept in the home that includes:***

- (a) the nature of each verbal or written complaint;***
  - (b) the date the complaint was received;***
  - (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;***
  - (d) the final resolution, if any;***
  - (e) every date on which any response was provided to the complainant and a description of the response; and***
  - (f) any response made in turn by the complainant, to be implemented voluntarily.***
- 

Issued on this 3rd day of October, 2013

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

*BARBARA NAYEALYK-HUNT*