



**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**

**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

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 1, 2017	2017_574586_0014	013439-17, 013441-17, 013443-17, 013445-17	Follow up

Licensee/Titulaire de permis

MARYBAN HOLDINGS LTD
3700 BILLINGS COURT BURLINGTON ON L7N 3N6

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

OAKWOOD PARK LODGE
6747 OAKWOOD DRIVE NIAGARA FALLS ON L2E 6S5

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

JESSICA PALADINO (586), LISA BOS (683)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 13, 14, 17, 18, 2017.

This inspection was completed to follow up on the following intakes:

013441-17 - Nutrition & Hydration

013443-17 - Abuse & Neglect, Nutrition & Hydration

013439-17 - Nutrition & Hydration

013445-17 - Nutrition & Hydration

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Food Service & Nutrition Manager (FSNM), Registered Nurse (RN), Registered Practical Nurse (RPN), Registered Dietitian (RD), dietary aide and residents.

During the course of the inspection, the inspectors reviewed clinical records, internal investigation notes, referral forms, policies and procedures, internal audits, staffing hours, training documentation, and spoke with residents and staff.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Personal Support Services

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #005	2017_575214_0006		586
LTCHA, 2007 S.O. 2007, c.8 s. 6. (11)	CO #002	2017_575214_0006		586
O.Reg 79/10 s. 68. (2)	CO #003	2017_575214_0006		586
O.Reg 79/10 s. 69.	CO #004	2017_575214_0006		683



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
<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**

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 did not ensure that the care set out in plan of care sets out clear directions to staff and others who provide direct care to the resident.

A) Resident #018 was reassessed by the RD, in which the RD increased one of their dietary interventions to promote weight gain.

The servery's diet list, which staff use to direct care during meals, was reviewed by the Long-Term Care (LTC) Inspector on July 17, 2017. It had not been updated to reflect the increase in dietary intervention by the RD. This was confirmed by the FSNM.

The home did not ensure that resident #018's plan of care set out clear directions to staff.

B) Resident #006 was reassessed by the RD, in which the RD increased one of their dietary interventions to promote weight gain.

The servery's diet list, which staff use to direct care during meals, was reviewed by the LTC Inspector on July 13, 2017. It had not been updated to reflect the increase in dietary intervention by the RD. This was confirmed by RPN #100.

The home did not ensure that resident #006's plan of care set out clear directions to staff.
[s. 6. (1) (c)]



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Issued on this 2nd day of August, 2017

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

Original report signed by the inspector.