



**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 # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 21, 2017	2017_558123_0013	013447-17	Follow up

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**Licensee/Titulaire de permis**

MARYBAN HOLDINGS LTD  
3700 BILLINGS COURT BURLINGTON ON L7N 3N6

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

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

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

MELODY GRAY (123)

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

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

**This inspection was conducted on the following date(s): August 28, 29 and 30, 2017**

**The Inspector reviewed residents' records, the home's records including education records, observed residents and staff and observed equipment.**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSWs), registered staff members, the Assistant Director of Care (ADOC), the Director of Care (DOC) and the Administrator.**

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



## **Minimizing of Restraining**

**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 110. (1)	CO #001	2017_575214_0006		123

**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>



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device**

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

**s. 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

**2. The physical device is well maintained. O. Reg. 79/10, s. 110 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the physical device was well maintained.

The record of resident #001 was reviewed and it was noted that they required the use of a physical device when using their mobility equipment. The home's records including the physical device audit schedule, physical device audit sheet blank and a physical device audit dated July, 2017 were reviewed with the Assistant Director of Care (ADOC).

The above resident was observed with the ADOC using an identified equipment with the physical device applied. Resident #001's physical device was correctly applied by the Personal support Worker (PSW), however, when the resident moved it became loose. The ADOC was interviewed and confirmed that the physical device became loose when the resident moved and reported that it was not correctly applied to the mobility equipment. They also reported that the home's maintenance staff would immediately be contacted to repair the physical device in order to prevent it becoming loose when the resident moved.

The physical device that was being used by resident #001 was not well maintained. [s. 110. (1) 2.]



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**Issued on this 21st day of December, 2017**

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

**Original report signed by the inspector.**