

Health System Accountability and Performance

Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé Direction de l'amélioration de la performance et de la conformité Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Hamilton Service Area Office 119 King Street West, 11th Floor HAMILTON, ON, L8P-4Y7 Telephone: (905) 546-8294 Facsimile: (905) 546-8255 Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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| Date(s) of inspection/Date(s) de l'inspection | Inspection No/ No de l'inspection | Type of Inspection/Genre d'inspection |
|---|--------------------------------------|---------------------------------------|
| Jun 3 , 2011 | 2011_026147_0004 | Complaint |
| Licensee/Titulaire de permis | | |
| THE REGIONAL MUNICIPALITY OF P 10 PEEL CENTRE DRIVE, BRAMPTO | | |
| Long-Term Care Home/Foyer de soir | ns de longue durée | |
| PEEL MANOR 525 MAIN STREET NORTH, BRAMPT | ON, ON, L6X-1N9 | |
| Name of Inspector(s)/Nom de l'inspe | cteur ou des inspecteurs | |
| LALEH NEWELL (147) | | |
| | Inspection Summary/Résumé de l'inspe | ection |

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

During the course of the inspection, the inspector(s) spoke with Resident, resident's spouse, Administrator and staff.

During the course of the inspection, the inspector(s) Reviewed resident's clinical chart, observed care, toured the home, and observed staff in routine duties.

The following Inspection Protocols were used in part or in whole during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON-F | RESPECT DES EXIGENCES |
|------------------------------------|---------------------------------------|
| Definitions | Définitions |
| WN - Written Notification | WN - Avis écrit |
| VPC – Voluntary Plan of Correction | VPC – Plan de redressement volontaire |
| DR – Director Referral | DR – Alguillage au directeur |
| CO - Compliance Order | CO – Ordre de conformité |
| WAO – Work and Activity Order | WAO - Ordres : travaux et activités |



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 26. Plan of care Specifically failed to comply with the following subsections:

- s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
- 1. Customary routines.
- 2. Cognition ability.
- 3. Communication abilities, including hearing and language.
- 4. Vision.
- 5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
- 6. Psychological well-being.
- 7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
- 8. Continence, including bladder and bowel elimination.
- 9. Disease diagnosis.
- 10. Health conditions, including allergies, pain, risk of falls and other special needs.
- 11. Seasonal risk relating to hot weather.
- 12. Dental and oral status, including oral hygiene.
- 13. Nutritional status, including height, weight and any risks relating to nutrition care.
- 14. Hydration status and any risks relating to hydration.
- 15. Skin condition, including altered skin integrity and foot conditions.
- 16. Activity patterns and pursuits.
- 17. Drugs and treatments.
- 18. Special treatments and interventions.
- 19. Safety risks.
- 20. Nausea and vomiting.
- 21. Sleep patterns and preferences.
- 22. Cultural, spiritual and religious preferences and age-related needs and preferences.
- 23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits sayants:

1. The plan of care dated March 2011 does not include an interdisciplinary assessment for an identified resident related to dental and oral status including oral hygiene. According to interview conducted with the resident and the spouse in June 2011, the resident does not receive assistance by the staff with mouth care during the day or after breakfast, the only time the resident receives assistance with mouth care is during the evening when the spouse visits.

Issued on this 21st day of July, 2011



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