



**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**

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

**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 # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 26, 2016	2016_205129_0008	034652-15, 034655-15	Follow up

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**Licensee/Titulaire de permis**

THE THOMAS HEALTH CARE CORPORATION  
490 Highway #8 STONEY CREEK ON L8G 1G6

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

PINE VILLA NURSING HOME  
490 HIGHWAY #8 STONEY CREEK ON L8G 1G6

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

PHYLLIS HILTZ-BONTJE (129)

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**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 15 and 18, 2016

Inspection Intake # 034655-15 related to non-compliance with s. 8(1)(b)-compliance with policies and Intake # 034652-15 related to non-compliance with s. 76(7)-mandatory training requirements were inspected.

During the course of the inspection, the inspector(s) spoke with residents, Charge nurse, registered nursing staff and personal support workers. During this inspection residents were observed, clinical records and training records were reviewed and home policies were reviewed.

The following Inspection Protocols were used during this inspection:

- Falls Prevention
- Minimizing of Restraining
- Skin and Wound Care

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

- 1 WN(s)
- 0 VPC(s)
- 1 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. 76. (7)	CO #001	2015_205129_0019		129



**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
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. 8. Policies, etc., to be followed, and records**



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

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, that the policy was complied with.

a) Staff did not comply with the directions contained in the home's "Wound/Skin Assessment" policy, identified as # RC-04-10-07 with a revised date of March 1, 2007. This policy directed staff to "initiate a Weekly Wound/Skin Assessment Summary whenever a resident has a wound or impaired skin requiring treatment, indicate what treatment is ordered, condition type (pressure ulcer, circulatory ulcer, incision, skin tear, rash) and the location of the area on diagrams". This policy also directed staff to "complete the assessment at least weekly, summarizing the stage (using definitions provided, size and depth, length X width X depth in centimeters), wound base appearance, discharge and surrounding tissue".

- Resident #002 was identified as having a wound. The clinical record indicated that a "Wound Assessment Flow Sheet (WAFS)-V1" was initiated in the computerized record weekly from March 22, 2016 to July 13, 2016. A review of these assessments indicated that these documents were not consistently completed and information related to; what treatment was ordered, condition and type (pressure ulcer, circulatory ulcer, incision, skin tear, rash), location of area on diagram, wound stage, size and depth in cm, wound base appearance, discharge and condition of surrounding tissue was not consistently included on the weekly assessments.

- Registered staff #021 reviewed the above noted weekly assessments as well as skin/wound progress notes on July 18, 2016 and confirmed that staff had not complied with the home's policy when required information was not documented in resident #002's clinical record related to this wound.

b) Staff did not comply with the directions contained in the home's "Resident Client Falls"

policy, identified as #RC-09-02-01 with a revised date of November 1, 2011. This policy directed that when a resident has fallen “registered staff are to check the resident’s vital signs including capillary blood glucose (CBG) – even if the resident is not diabetic, investigate contributing factors associated with the fall and initiate interventions to prevent re-occurrence, call a post fall conference, for the first 48 hours following the fall obtain vitals every eight hours, document resident observations related to in the resident's mental status, limb reflex or joint range of motion every shift for 48 hours following the fall and in the case of an unwitnessed fall staff perform neuro-vital signs as per policy”.

Resident #001’s clinical record indicated that on an identified date the resident experienced an unwitnessed fall when they attempted to transfer themselves from the wheelchair to the bed. Staff observed the resident experienced bruising and swelling of an identified body part, reported this information to the resident's physician and an x-ray was ordered. The results of the x-ray were reported to the home and confirmed the resident had sustained a fracture.

A review of clinical documentation and an interview with registered staff #021 conducted on July 18, 2016 confirmed that staff had not complied with the home’s policy when following resident #001’s fall registered staff had not obtained CBG, staff had not initiated interventions to prevent a recurrence, a post fall conference had not been held, vital signs had not been obtained every eight hours for 48 hours following the fall, staff had not documented resident observations related to the residents mental status, limb reflex or joint range of motion every shift for 48 hours following the fall and staff had not performed neuro-vital signs as per the policy following this unwitnessed fall. [s. 8. (1) (b)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.***

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soins de longue durée**

**Issued on this 21st day of November, 2016**

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

**Original report signed by the inspector.**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de sions de longue durée**

**Public Copy/Copie du public**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** PHYLLIS HILTZ-BONTJE (129)

**Inspection No. /**

**No de l'inspection :** 2016\_205129\_0008

**Log No. /**

**Registre no:** 034652-15, 034655-15

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Jul 26, 2016

**Licensee /**

**Titulaire de permis :** THE THOMAS HEALTH CARE CORPORATION  
490 Highway #8, STONEY CREEK, ON, L8G-1G6

**LTC Home /**

**Foyer de SLD :** PINE VILLA NURSING HOME  
490 HIGHWAY #8, STONEY CREEK, ON, L8G-1G6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Lily Wang

To THE THOMAS HEALTH CARE CORPORATION, you are hereby required to  
comply with the following order(s) by the date(s) set out below:



**Order(s) of the Inspector**

Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

**Order # /**

Ordre no : 001

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order /**

Lien vers ordre existant: 2015\_205129\_0019, CO #002;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

**Order / Ordre :**

1. The licensee is to direct staff to comply with the directions contained in the home's "Resident Client Falls" and the "Skin and Wound Assessment" policies.
2. The licensee is to complete audits to monitor staff's compliance with the directions contained in these policies

**Grounds / Motifs :**

1. The Order is made based upon the application of the factors of severity (2), scope (2) and compliance history (4), in keeping with s.299 (1) of the Regulation. Specifically related to the potential for actual harm to resident #001 and resident #002 when policies related to fall prevention as well as skin/wound management were not complied with, the scope of a pattern of non-compliance when two of four policies reviewed were not complied with and the licensee's history of ongoing non-compliance with a voluntary plan of corrective action issued in relation to non-compliance with the falls prevention policy on February 23, 2015 and a compliance order issued related to non-compliance with falls management and skin/wound management policies issued on September 15, 2015.

2. The licensee failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, that the policy was complied with.



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a) Staff did not comply with the directions contained in the home's "Wound/Skin Assessment" policy, identified as # RC-04-10-07 with a revised date of March 1, 2007. This policy directed staff to "initiate a Weekly Wound/Skin Assessment Summary whenever a resident has a wound or impaired skin requiring treatment, indicate what treatment is ordered, condition type (pressure ulcer, circulatory ulcer, incision, skin tear, rash) and the location of the area on diagrams". This policy also directed staff to "complete the assessment at least weekly, summarizing the stage using definitions provided, size and depth (length X width X depth in centimeters), wound base appearance, discharge and surrounding tissue".

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- Registered staff #021 reviewed the above noted weekly assessments as well as skin/wound progress notes on July 18, 2016 and confirmed that staff had not complied with the home's policy when required information was not documented in resident #002's clinical record related to this wound.

b) Staff did not comply with the directions contained in the home's "Resident Client Falls" policy, identified as #RC-09-02-01 with a revised date of November 1, 2011. This policy directed that when a resident has fallen "registered staff are to check the resident's vital signs including capillary blood glucose (CBG) – even if the resident is not diabetic, investigate contributing factors associated with the fall and initiate interventions to prevent re-occurrence, call a post fall conference, for the first 48 hours following the fall obtain vitals every eight hours, document resident observations related to in the resident's mental status, limb reflex or joint range of motion every shift for 48 hours following the fall and in the case of an unwitnessed fall staff perform neuro-vital signs as per policy".

Resident #001's clinical record indicated that on an identified date the resident experienced an unwitnessed fall when they attempted to transfer themselves from the wheelchair to the bed. Staff observed bruising and swelling of an identified body part, reported this information to the physician and a x-ray was



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**Ministère de la Santé et  
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de l'article 154 de la *Loi de 2007 sur les foyers  
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ordered. The results of the x-ray were reported to the home and confirmed the resident had sustained a fracture.

A review of clinical documentation and an interview with registered staff #021 conducted on July 18, 2016 confirmed that staff had not complied with the home's policy when following resident #001's fall registered staff had not obtained CBG, staff had not initiated interventions to prevent a recurrence, a post fall conference had not been held, vital signs had not been obtained every eight hours for 48 hours following the fall, staff had not documented resident observations related to the residents mental status, limb reflex or joint range of motion every shift for 48 hours following the fall and staff had not performed neuro-vital signs as per the policy following this unwitnessed fall. (129)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Aug 19, 2016**



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de l'article 154 de la *Loi de 2007 sur les foyers  
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**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## **RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL**

### **PRENDRE AVIS**

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 26th day of July, 2016**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** PHYLLIS HILTZ-BONTJE

**Service Area Office /**

**Bureau régional de services :** Hamilton Service Area Office