



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

Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 1, 2013	2013_188168_0009	H-001163- 12	Complaint

Licensee/Titulaire de permis

LIUNA LOCAL 837 NURSING HOME(ANCASTER) CORPORATION
44 HUGHSON STREET SOUTH, HAMILTON, ON, L8N-2A7

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

REGINA GARDENS
536 UPPER PARADISE ROAD, HAMILTON, ON, L9C-5E3

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

LISA VINK (168)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): January 30, 2013, with additional interviews conducted off site on January 31, 2013.

During the course of the inspection, the inspector(s) spoke with the Directors of Care, Registered and unregulated care providers, Restorative Care staff, residents and family members.

During the course of the inspection, the inspector(s) observed the provision of care provided to the specified resident, reviewed the clinical record, interviewed staff who worked the evening and night shifts on a specified day in 2012, reviewed specific staff education records and topics covered.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The care set out in the plan of care is not provided to the resident as specified in the plan.

The plan of care for resident #01 indicates that the resident is to have a protective device applied all the time in bed and when up in his chair.

On January 30, 2013 at 09:56 hours, the resident was observed receiving assistance, by two Personal Care Providers(PCP), for positioning in bed and applying safety devices as per the plan of care. The resident did not have the protective device in place when the staff entered the room, nor did they attempt to apply it prior to leaving the residents room, when the care was completed.

Discussion with the staff confirmed that the device is fairly new for the resident and at times he is resistant to wearing it. [s. 6. (7)]

2. The resident was not reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer effective.

The plan of care for resident #01, reviewed on January 30, 2013, indicates that the resident is using a side fastening seatbelt when in the wheelchair for safety as well as a table top.

The resident was observed, on January 30, 2013, without a seatbelt in place or a table top.

Interview with care staff confirm that the resident no longer uses the seatbelt and will only use the table top when eating/drinking as needed.

The plan of care was not revised with changes in the residents care needs. [s. 6. (10) (b)]



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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 the ensure that the care set out in the plan of care is provided to the resident as specified and that the plan of care is revised with changes in the resident's care needs, to be implemented voluntarily.

Issued on this 1st day of February, 2013

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

L. Vink