



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 prévue  
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

Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670

## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 15, 2018	2018_617148_0031	005282-18, 007542- 18, 015568-18, 017228-18, 019118- 18, 025109-18	Complaint

### Licensee/Titulaire de permis

458422 Ontario Limited  
220 Emma Street CORNWALL ON K6J 5V8

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

Sandfield Place  
220 Emma Street CORNWALL ON K6J 5V8

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

AMANDA NIXON (148)

## 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): October 25, 29-31,  
November 1 and 2, 2018**

**This inspection included six complaint logs: Log 019118-18 related to admissions and discharge; Log 015568-18 related to the death of an identified resident; Logs 017228-18, 007542-18, 025109-18 and 005282-18 related to resident specific care issues such as continence care, transfers and personal support services.**

**During the course of the inspection, the inspector(s) spoke with with the home's Administrator, Director of Care (DOC), Registered Nurses, Registered Practical Nurses, Personal Support Workers, family members and residents.**

**The Inspector reviewed resident health care records, admission and discharge information, licensee's investigations as applicable. In addition, the Inspector observed the resident care environment, specific to toileting and continence care.**

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

**Admission and Discharge  
Continence Care and Bowel Management  
Hospitalization and Change in Condition  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Sufficient Staffing**

**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)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 44.  
Authorization for admission to a home**



Specifically failed to comply with the following:

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

#### **Findings/Faits saillants :**

1. The licensee has failed to ensure that the licensee shall approve the applicant's admission to the home unless, (a) the home lacks the physical facilities necessary to meet the applicant's care requirement; or (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements.

On a specified date, the home's DOC wrote a letter to applicant #002 indicating that the home did not have the physical accommodation needed to ensure the safety of the applicant and others in a basic room with regards to the responsive behaviours known. Inspector #148 discussed the letter and grounds for withholding approval with the home's DOC. The DOC clarified that the grounds to withhold approval were that the home lacks the physical facilities necessary to meet the applicant's care requirements. The DOC explained that in the matter of applicant #002, the applicant was in need of a private room due to behaviours. The DOC reported that the applicant was requesting approval in a basic room and that a decision was made to withhold the approval as the applicant was not a fit for a basic room. The Inspector confirmed with the DOC, and by observation of the home's environment, that there are private rooms within the home. In this way, the licensee has the physical facilities necessary to meet the applicant's care requirements. [s. 44. (7)]



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**Issued on this 16th day of November, 2018**

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

**Original report signed by the inspector.**