

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

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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, 2019	2019_569508_0031	015598-19	Complaint

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**Licensee/Titulaire de permis**

Shalom Manor Long Term Care Home  
12 Bartlett Avenue GRIMSBY ON L3M 4N5

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

Shalom Manor Long Term Care Home  
12 Bartlett Avenue GRIMSBY ON L3M 4N5

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

ROSEANNE WESTERN (508)

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**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): November 4, 5, 6, 7, 2019.**

**A complaint inspection related to care concerns was inspected during this inspection.**

**Critical Incident inspection #2019\_577611\_0040 was conducted concurrently by inspector Kelly Chuckry during this inspection.**

**During the course of the inspection, the inspector toured the facility, observed the provision of care, reviewed resident clinical records and relevant policies and procedures.**

**During the course of the inspection, the inspector(s) spoke with the Interim Chief Administrator, the Director of Resident Care (DRC), the Associate Director of Care (ADRC), Personal Support Workers (PSW)s, registered staff, residents and family members.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**

**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**

<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>Légende</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>

**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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to resident #001.

A complaint was submitted to the Director related to care concerns of resident #001. During review of the resident's plan of care it was identified that the plan directed staff to provide a specific level of assistance to the resident and indicated the frequency of the assistance required.

During interview with PSW staff #102, the staff confirmed the resident required that level of assistance; however, required this assistance more frequently.

The DRC also confirmed this information and confirmed that their needs in relation to this specific intervention had not been clearly documented on the resident's plan of care.

It was confirmed during record reviews and during interviews with staff that the plan of care for resident #001 did not set out clear directions to staff who provided direct care to the resident. [s. 6. (1) (c)]

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**Issued on this 27th day of November, 2019**

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

**Original report signed by the inspector.**