



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

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performance du système de santé  
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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>
Nov 1, 2013	2013_188168_0031	H-000444- 13	Complaint

**Licensee/Titulaire de permis**

SHALOM MANOR LONG TERM CARE HOME  
12 Bartlett Avenue, GRIMSBY, ON, L3M-4N5

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

SHALOM MANOR LONG TERM CARE HOME  
12 BARTLETT AVENUE, GRIMSBY, ON, L3M-4N5

**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): October 31 and November 1, 2013.

This inspection was observed by Kate Macnamara. This report is regarding log #'s H-000114-13, H-000338-13, and H-000444-13.

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer, Director of Care, Registered Staff, Personal Support Workers (PSW), and residents.

During the course of the inspection, the inspector(s) Observed the provision of care and services of day and night shifts, and reviewed documents, including but not limited to clinical records, and work routines.

The following Inspection Protocols were used during this inspection:  
Dignity, Choice and Privacy  
Personal Support Services

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



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. 3. Residents' Bill of Rights**

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

- s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
- 4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

**Findings/Faits saillants :**



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1. The licensee did not ensure that the following rights of residents were fully respected and promoted, the right to be cared for in a manner consistent with his or her needs.

A. The sleep preferences plan of care for resident #009 identified the morning routine to be up at approximately 0815 hours, with the assistance of staff. On November 1, 2013, the resident was washed, shaven, and lotion applied before 0532 hours, as confirmed by interviews with two PSW staff. Staff confirmed the resident did not ask to be provided care nor required the care for behavioural needs at that time of the morning.

B. The sleep preferences plan of care for resident #010 identified the morning routine to be up between the time of 0730 to 0830 hours, with the assistance of staff. On November 1, 2013, the resident was washed, shaven, and lotion applied before 0532, hours as confirmed by interviews with two PSW staff. Staff confirmed the resident did not ask to be provided care nor required the care for behavioural needs at that time of the morning.

C. The preferred wake time for resident #011 was not identified in their plan of care. On November 1, 2013, the resident was washed and lotion applied before 0532 hours, as confirmed by interviews with two PSW staff. Staff confirmed the resident did not ask to be provided care nor required the care for behavioural needs at that time of the morning.

D. The sleep preference plan of care for resident #012 identified the morning routine to be up at 0800 hours, with the assistance of staff. On November 1, 2013, the resident was was washed, shaven, and lotion applied before 0532 hours, as confirmed by interviews with two PSW staff. Staff confirmed the resident did not ask to be provided care nor required the care for behavioral needs at that time of the morning.

E. The sleep preference plan of care for resident #013 identified the morning routine to be up at 0730 hours, with the assistance of staff. On November 1, 2013, the resident was observed being washed and care provided to at 0540 hours. Staff confirmed that the resident did not ask to be provided with care nor required the care for behavioural needs at that time of the morning.

F. The sleep preference plan for resident #014 identified the morning routine to be up at 0730 hours, with the assistance of staff. On November 1, 2013, the resident was washed before 0545 hours, as confirmed by interview with one PSW staff. Staff confirmed that the resident did not ask to be provided care nor required the care for behavioural needs at that time of the morning.



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G. The sleep preference plan for resident #015 identified the morning routine to be up at 0730 hours, with the assistance of staff. On November 1, 2013, the resident was washed before 0555 hours, as confirmed by interview with one PSW staff. Staff confirmed that the resident did not ask to be provided care nor required care for behavioural needs at that time of the morning.

H. The sleep preference plan for resident #004 identified the morning routine to be up at 0800 hours, with the assistance of staff. On November 1, 2013, the resident was washed before 0545 hours, as confirmed by interview with one PSW staff. Staff confirmed that the resident was not able to vocalize their wishes regarding wake time and that they did not require care for behavioural needs at that time of the morning.

I. The sleep preference plan for resident #008 identified the morning routine to be up at 0800 hours, with the assistance of staff. On November 1, 2013, the resident was washed before 0545 hours, as confirmed by interview with one PSW staff. Staff confirmed that the resident was not able to vocalize their wishes regarding wake time and that they did not require care for behavioural needs at that time of the morning.

Current night shift routines on two units directed PSW staff to provide morning care to residents starting as early as 0500 hours. One PSW staff confirmed that they were verbally directed to begin providing care to residents as early as 0500 hours. [s. 3. (1) 4.]

***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 to ensure that residents are cared for in a manner consistent with his or her needs, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**



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Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

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**Findings/Faits saillants :**

1. The licensee did not ensure that there were relevant policies, procedures and protocols that provided for methods to reduce risk and monitor outcomes, with respect to each organized program.

A review of the policy and procedure manual and interviews with the management of the home confirmed that the organization did not have current written procedures to direct staff regarding obtaining consents or when to communicate with other relevant individuals when there were changes in a residents condition, outside of a fall. [s. 30. (1)]



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Issued on this 1st day of November, 2013

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

L Vint

K Macnamara