

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

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

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 12, 2021	2021_560632_0005	000695-21	Complaint

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**Licensee/Titulaire de permis**

Shalom Village Nursing Home  
60 Macklin Street North Hamilton ON L8S 3S1

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

Shalom Village Nursing Home  
70 Macklin Street North Hamilton ON L8S 3S1

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

YULIYA FEDOTOVA (632)

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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): February 12, 17, 18, 19, 22, 23 and 24, 2021.**

**The following intake was completed during this Complaint inspection:  
log #000695-21 - related to Continence Care and Bowel Management, Nutrition and Hydration and Medication.**

**The following Critical Incident System (CIS) inspection #2021\_560632\_0006 was completed concurrently with this Complaint Inspection:  
log #002471-21 - related to Infection Prevention and Control,  
log #024202-20, 024894-20, 025771-20, 000326-21 - related to Falls Prevention.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Chief Executive Officer, Physician, interim Director of Care (DOC), Minimum Data Set (MDS) Specialist, Physiotherapist (PT), Scheduling Clerk, Food Service and Nutrition Manager, personal support workers (PSWs), registered nurses (RNs), registered practical nurses (RPNs), residents and their families.**

**During the course of the inspection, the inspector(s) reviewed clinical records, policies, procedures, and practices within the home, observed the provision of care and medication administration.**

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

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

**2 WN(s)  
2 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**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 licensee failed to ensure that the care set out in the plan of care was based on assessments of the residents and the needs and preferences of those residents.

A. The written plan of care directed staff to provide specified assistance to the resident with their transfers and mobility. The most recent physiotherapy transfer and mobility assessment indicated a specified number of staff to assist the resident with their transfers and ambulation.

During the inspection, the Physiotherapist indicated that the physiotherapy section in the written plan of care was to be updated by the Physiotherapist assessing the resident.

The resident was at risk of falls as the required level of assistance with mobility and transfers in their written plan of care was not based on the most recent assessment of the resident.

Sources: resident #003's written care plan, progress notes; interview with the Physiotherapist.

B. The written plan of care indicated that the resident was able to specifically transfer themselves and staff to provide specific safety instructions related to transfers. The most recent physiotherapy note related to the transfer assessment indicated an identified number of staff to assist the resident with their transfers and the use of specified assistive device.

During the inspection, the Physiotherapist indicated that the physiotherapy section in the written plan of care was to be updated by the Physiotherapist assessing the resident, which was not completed.

The resident was at risk of falls as the required level of assistance with transfers was not based on the most recent assessment of the resident.

Sources: resident #004's written care plan, progress notes; interview with the Physiotherapist. [s. 6. (2)]

2. The licensee failed to ensure that the resident was 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 changed or when care set out in the plan was no longer necessary.

The resident's written care plan indicated that they had altered continence status and required specified assistance with toileting. The most recent Continence Assessment indicated that the resident's continence status was not altered. Progress notes review for an identified period of time in 2020 did not contain documentation related to the resident's continence assessment. Documentation Survey Report on an identified month in 2020 documented that the resident's continence status had been changed on identified dates in 2020.

A PSW indicated that the resident's continence status changed occasionally on an identified month in 2020 and the staff conducted specified interventions. A RPN acknowledged that the resident's Minimum Data Set (MDS) Assessment was to be updated when their health status changed.

The resident was at risk of discomfort not having an individualized continence care plan based on the resident's assessed needs and preferences.

Sources: resident #001's written care plan, the Continence Assessment, progress notes; interviews with PSW #107 and RPN #106. [s. 6. (10) (b)]

***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 and ensuring that the care set out in the plan of care is based on assessments of the residents and the needs and preferences of those residents and the resident is 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, 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**

**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).**

**Findings/Faits saillants :**

1. The home failed to ensure that the Fall Prevention and Continence programs were evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

A. During the inspection, it was identified that the Falls Prevention program was not evaluated in 2019 by the home, which was confirmed by the Administrator.

Sources: Program Evaluation binder; interview with the Administrator.

B. During the inspection, it was identified that the Continence program was not evaluated in 2019 by the home, which was confirmed by the Administrator.

Sources: Program Evaluation binder; interview with the Administrator. [s. 30. (1) 3.]

***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 and ensuring that the Falls Prevention and Continence programs are evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.***

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Issued on this 12th day of March, 2021

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

**Original report signed by the inspector.**