



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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de
longue durée**
Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
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<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection November 4, 2010	Inspection No/ d'Inspection 2010_146_2739_03Nov182341	Type of Inspection/Genre d'inspection Complaint H-01972
Licensee/Titulaire MNC Lifecare Group, c/o Ernst and Young Inc., 222 Bay Street, TD Centre, PO Box 251, Toronto, ON., M5K 1J7		
Long-Term Care Home/Foyer de soins de longue durée Townsville Lifecare Centre, 39 Mary Street, Hamilton, ON., L8R 3L8		
Name of Inspector(s)/Nom de l'inspecteur(s) Barbara Naykalyk-Hunt, #146		
Inspection Summary/Sommaire d'inspection		
The purpose of this inspection was to conduct a complaint inspection related to resident/family involvement in the plan of care.		
During the course of the inspection, the inspector spoke with: the Administrator, the Director of Care, the dietitian and 2 residents.		
During the course of the inspection, the inspector: reviewed an identified resident's health file and met with the resident in the room.		
The following Inspection Protocols were used during this inspection: Dignity, Choice and Privacy		
<input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 1 WN		

NON- COMPLIANCE / (Non-respectés)



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Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Référencement envoyé

CO – Compliance Order/Ordre de conformité

WAO – Work and Activity Order/Ordre: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constitue un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.)

WN #1: The Licensee has failed to comply with the LTCHA, 2007, S.O. 2007, c.8, s. 6(5)

The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Findings:

1. The Substitute Decision Maker (SDM) approached staff nurses with a concern about a resident's symptom on 3 occasions in August 2010 and September 2010 specifically requesting a physician's assessment on the third occasion. There is no indication in the file that the resident was seen by a physician at that time as the SDM requested. The resident was not seen by a physician until 10 days after the SDM raised the concern and 5 days after the specific request for a physician's assessment. In September 2010 an x-ray was ordered showing that the resident had an infection requiring treatment.

Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.
Title:	Date:

Date of Report: (if different from date(s) of inspection).