



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

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Oct 4, 2013	2013_191107_0012	H-000617-13	Complaint

Licensee/Titulaire de permis

OAKWOOD RETIREMENT COMMUNITIES INC.  
325 Max Becker Drive, Suite 201, KITCHENER, ON, N2E-4H5

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

THE VILLAGE OF TANSLEY WOODS  
4100 Upper Middle Road, BURLINGTON, ON, L7M-4W8

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

MICHELLE WARRENER (107), LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 20, 23, 2013

During the course of the inspection, the inspector(s) spoke with The Administrator, Registered Dietitian, Registered Nursing staff, front line nursing staff

During the course of the inspection, the inspector(s) Reviewed the resident's clinical health record and relevant policies and procedures

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



Nutrition and Hydration  
Personal Support Services  
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>Legendé</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**



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Specifically failed to comply with the following:

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).

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**Findings/Faits saillants :**

1. [LTCHA, 2007, S.O. 2007, c.8, s. 6(10)(b)]

Resident #001 was not re-assessed and their plan of care reviewed and revised when there was a change in the resident's hydration. The resident was meeting their minimum hydration requirement on all days except one the first two weeks of an identified month. The second two weeks of the month the resident had a reduction in their fluid intake and did not meet their minimum hydration requirement on 12/15 days. A multidisciplinary assessment of the resident's poor hydration was not completed with revision to the plan of care until the end of the next month. [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 with ensuring that residents are re-assessed and their plan of care reviewed and revised when the residents' 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. 8. Policies, etc., to be followed, and records**



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Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

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**Findings/Faits saillants :**

1. [O.Reg. 79/10, s. 8(1)(b)]

The "Request for Nutrition Consultation" policy dated December 2012, was not complied with by staff providing care to resident #001. The policy required a referral to the Registered Dietitian for fluid intake less than the assessed fluid requirement for three consecutive days. The resident consumed less fluid than their assessed fluid requirement on 12/15 days in the last two weeks of an identified month. Staff confirmed that a referral to the Registered Dietitian was not completed that month and, during interview, Registered staff were unaware of the home's policy requiring referral to the Dietitian for poor hydration over three consecutive days. A referral to the Registered Dietitian was not completed until the end of the next month. [s. 8. (1)]

***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 with ensuring that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy, or system, is complied with, to be implemented voluntarily.***



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Issued on this 4th day of October, 2013

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

M. Warrenner, FD