



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

Hamilton Service Area Office  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
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Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 6, 2013	2013_122156_0006	H-000045-13	Complaint

**Licensee/Titulaire de permis**

1508669 ONTARIO LIMITED  
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO, ON, M5J-2V1

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

WEST PARK HEALTH CENTRE  
103 Pelham Road, St Catharines, ON, L2S-1S9

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

CAROL POLCZ (156)

**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): January 24, 31, 2013

This inspection was in relation to Log H-000045-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered staff, Restorative staff, Personal Support Workers (PSW's), dietary staff and a cook

During the course of the inspection, the inspector(s) observed the resident during meal service, reviewed the resident's clinical record including progress notes, care plan, food and fluid intake sheets, etc., reviewed dietary job routines, and reviewed policies and procedures

The following Inspection Protocols were used during this inspection: Nutrition and Hydration

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



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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. 6. Plan of care**

**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).**

**Findings/Faits saillants :**



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1. The resident was not 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 or care set out in the plan is no longer necessary. Resident 001 was not reassessed and the plan of care reviewed and revised when the resident's care needs changed. On January 4th, 2013 two Personal Support Workers (PSW;s) indicated that there was a change in resident 001's condition. The resident did not take lunch/dinner and the PSW's knew that there was something wrong because the resident normally eats everything. The resident was bending forward and they could not feed the resident because the food was running out of the resident's mouth. In interview, both PSW's confirmed that they had told the (Registered Practical Nurse) RPN, and had documented in the 24 hour report. The PSW's report that they were told by the RPN to give the resident an altered texture for the next meal. An assessment of the resident was not completed. The lack of assessment was confirmed by the Administrator, Director of Care (DOC) and the Resident Assessment Instrument (RAI) coordinator. Both PSW's and registered staff confirmed that the resident was to be supervised throughout the entire meal and that the resident will grab items and put them in the resident's mouth, however, this was not documented on the resident's care plan. [s. 6. (10) (b)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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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. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O.**

**Reg. 79/10, s. 30 (2)  
Findings/Faits saillants :**

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1. The licensee failed to ensure that any action taken with respect to a resident under a program, including assessment, reassessments, interventions and the resident's responses to interventions were documented. Interview with two PSW's confirmed that resident 001 had a change in condition and that it was reported to registered staff and written in the 24 hour report, however, the Administrator and DOC indicated that the home does not retain the 24 hour report and the information was not transcribed into the progress notes by registered staff who had been made aware of the resident's change in condition.

Resident 001 was observed to be unable to eat over a 24 hour period before the POA (Power of Attorney) insisted that someone assess the resident's mouth. At that time, a foreign object was found lodged in the resident's throat. The registered staff failed to document the residents inability to eat as reported by PSW's. [s. 30. (2)]  
**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care**

***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 any action taken with respect to a resident under a program, including assessment, reassessments, interventions and the resident's responses to interventions were documented, to be implemented voluntarily.***

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

- s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,**
- (a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).**
  - (b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).**
  - (c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).**

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**Findings/Faits saillants :**



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1. The licensee failed to ensure that each resident of the home received oral care to maintain the integrity of the oral tissues that includes mouth care in the morning and evening, including the cleaning of dentures. Resident 001 was observed to be having difficulty swallowing on January 4, 2013 and was found to have a foreign object lodged in the resident's throat on January 5, 2013. The plan of care for resident 001 indicated the the resident required total assistance to complete oral care. Two PSW's confirmed that they cleaned the dentures of resident 001 on January 4, 2013, however, did not perform mouth care.

r. 34 (1) [s. 34. (1) (a)]

***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 each resident of the home received oral care to maintain the integrity of the oral tissues that includes mouth care in the morning and evening, including the cleaning of dentures, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents**

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

**s. 107. (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (4):**

**4. An injury in respect of which a person is taken to hospital. O. Reg. 79/10, s. 107 (3).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure that the Director was informed when resident 001 suffered an injury and was sent to hospital. On January 5th, 2013, a foreign object was found to have been lodged in the resident's throat for up to a 24 hour period. The obstruction was removed in the home, the resident developed a fever and was subsequently sent to hospital with a diagnosis of aspiration pneumonia.

r. 107 (3) (4) [s. 107. (3) 4.]



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***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 the Director is informed when a resident has suffered an injury and was sent to hospital, to be implemented voluntarily.***

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Issued on this 25th day of March, 2013

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

*Licensee Report signed by C. Polcz*



Ministry of Health and  
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Ministère de la Santé et  
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Order(s) of the Inspector  
Pursuant to section 153 and/or  
section 154 of the *Long-Term Care  
Homes Act, 2007, S.O. 2007, c.8*

Ordre(s) de l'inspecteur  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

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

**Public Copy/Copie du public**

**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** CAROL POLCZ (156)

**Inspection No. /**

**No de l'inspection :** 2013\_122156\_0006

**Log No. /**

**Registre no:** H-000045-13

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Feb 6, 2013

**Licensee /**

**Titulaire de permis :** 1508669 ONTARIO LIMITED  
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield  
Place, Suite 1400, TORONTO, ON, M5J-2V1

**LTC Home /**

**Foyer de SLD :** WEST PARK HEALTH CENTRE  
103 Pelham Road, St Catharines, ON, L2S-1S9

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** MARJORIE MOSSMAN

To 1508669 ONTARIO LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:





Ministry of Health and  
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de soins de longue durée, L.O. 2007, chap. 8*

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**Order # /**

**Ordre no :** 001

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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;
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

**Order / Ordre :**

The licensee shall prepare, submit and implement a plan to ensure that each 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 or care set out in the plan is no longer necessary. The plan shall include a) assessment of the current method of reassessing a resident when care needs change b) any staff education to be completed and dates of the education c) quality management activities (including the type of activities and frequency) that will be implemented to target the specific area of non-compliance. The plan should be submitted via email by March 1, 2013 to Carol Polcz at the Ministry of Health and Long Term Care, Performance Improvement and Compliance Branch, 119 King St. W, 11th floor, Hamilton, ON L8P 4Y7 HamiltonSAO.MOH@ontario.ca

**Grounds / Motifs :**



**Ministry of Health and  
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**Order(s) of the Inspector**  
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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée, L.O. 2007, chap. 8*

1. The resident was not reassessed and the plan of care reviewed and revised when the resident's care needs changed. Resident 001 was not reassessed and the plan of care reviewed and revised when the resident's care needs changed. On January 4th, 2013 two Personal Support Workers (PSW;s) indicated that there was a change in residents' condition. The resident did not take lunch/dinner which was unusual for this resident. The resident was bending forward and they could not feed the resident because the food was running out of the resident's mouth. The PSW's confirmed that they had told the (Registered Practical Nurse) RPN, and had documented in the 24 hour report. The PSW's reported that they were told by the RPN to give the resident an altered texture for the next meal. An assessment of the resident was not completed. The lack of assessment was confirmed by the Administrator, Director of Care (DOC) and the Resident Assessment Instrument (RAI) coordinator.  
Both PSW's and registered staff confirmed that the resident was to be supervised throughout the entire meal and that the resident will grab items and put them in the resident's mouth, however, this was not documented on the resident's care plan.

(156)

**This order must be complied with by /  
Vous devez vous conformer à cet ordre d'ici le : Feb 25, 2013**



**Ministry of Health and  
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**Ministère de la Santé et  
des Soins de longue durée**

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section 154 of the *Long-Term Care  
Homes Act, 2007*, S.O. 2007, c.8

**Ordre(s) de l'inspecteur**  
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### **REVIEW/APPEAL INFORMATION**

#### **TAKE NOTICE:**

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603



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When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance  
Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



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## RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.



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**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
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En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la  
conformité  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, ON  
M5S-2B1  
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 6th day of February, 2013**

**Signature of Inspector /**

**Signature de l'inspecteur :**

*licensee copy signed by C. Polcz*

**Name of Inspector /**

**Nom de l'inspecteur :**

CAROL POLCZ

**Service Area Office /**

**Bureau régional de services : Hamilton Service Area Office**