

**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 conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Quest, 11th étage
Hamilton, ON L8P 4Y7

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Inspection Report under the LTC Homes Act, 2007/ Rapport d'inspection prévu de la Loi de 2007 les foyers de soins de longue durée

Public Copy/Copie Publique Licensee Copy/Copie du Titulaire

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
August 23 and 24, 2010	2010_170_2880_23Aug1157 12	Critical Incident (L-00512)

Licensee/Titulaire

Regency LTC Operating Limited Partnership on behalf of Regency Operator GP Inc. as General Partner,
100 Milverton Drive, Suite 700, Mississauga, Ontario L5R 4H1

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

The Westmount, 200 David Bergey Drive, Kitchener Ontario N2E 3Y4

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

Dianne Wilbee, LTC Homes Inspector, ID#170

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection.

The inspection occurred on August 23 and August 24, 2010.

During the course of the inspection, the inspector spoke with:

Director of Care, Registered Nurse, Personal Support Worker, Resident, Social Worker, ADOC; Resident Record Review; Resident Observation.

The following Inspection Protocol was used in part or in whole during this inspection:
Responsive Behaviours

2 Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

2 VPC



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'exigences prevue 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 contenus dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Voluntary Plan of corrective Action/Plan de redressement

DR – Director Referral/Référance au directeur

CO – Compliance Order/Ordre de conformité

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

WN #1:

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

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

The written plan of care for an identified resident did not include behaviours which have been exhibited by the resident. Clear directions were not provided to staff.

Inspector ID #: 170

Additional Required Actions:

VPC - pursuant to *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 corrective action relating to care plans providing clear directions to staff, to be implemented voluntarily.

WN #2:

The Licensee has failed to comply with: O. Reg. 79/10, s. 53(1)2

Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours: Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

Findings:

Written strategies which provide techniques and interventions which could prevent or minimize an identified resident's behaviours have not been completed for all behaviours exhibited by the resident.

Inspector ID #: 170

Additional Required Actions:

VPC – pursuant to *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 corrective action to ensure written strategies are developed to meet the needs of residents with responsive behaviours, to be implemented voluntarily.



Ministry of Health and
Long-Term Care

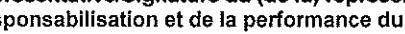
Ministère de la Santé et des Soins de longue durée

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'exigences prévues 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 prevue par la présente loi" au paragraphe 2(1) de la loi.

<p>Signature of Licensee or Designated Representative Signature du Titulaire ou du représentant désigné</p>	<p>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.</p> 
<p>Title:</p>	<p>Date:</p>
<p>Date of Report (if different from date(s) of inspection).</p>	
<p>September 7, 2010</p>	