



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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 18, 2018	2018_684604_0021	023516-18	Follow up

Licensee/Titulaire de permis

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

The Willows Estate Nursing Home
13837 Yonge Street AURORA ON L4G 3G8

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

SHIHANA RUMZI (604)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 12 & 13, 2018.

Compliance Order (CO) #001, log #023516-18, issued within report #2018_594624_0010, served on August 9, 2018, under the Ontario Regulation 79/10, s. 69., related to change in weight was inspected.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered Dietitian (RD), Registered Nurse (RN), Registered Practical Nurse (RPN), and Personal Support Worker (PSW).

During the course of the inspection the inspector conducted observations of staff and resident interactions, meal observations, provision of care, conducted reviews of health records, staff training records, and relevant policies and procedures.

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

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

- 1 WN(s)**
- 1 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 69.	CO #001	2018_594624_0010		604

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. 101. Conditions of licence



Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

The licensee has failed to comply with the following requirement of the Long Term Care Home's Act (LTCHA): it is a condition of every license that the licensee shall comply with every order made under this Act.

On August 9, 2018, Compliance Order (CO) #001, under inspection number #2018_594624_0010, was made under O. Reg. 79/10, s. 69:

The licensee must be compliant with O. Reg. 79/10, s. 69.

Specifically, the licensee shall ensure that within one month of receipt of this order the licensee shall complete the following:

- 1) Registered Dietitian (RD) shall identify all residents with significant weight changes or any other weight change that compromises the resident's health status.
- 2) Interdisciplinary team to assess the weight changes with actions taken and outcomes evaluated related to the identified weight changes.
- 3) All interventions as assessed by the interdisciplinary team shall be identified on the resident's plan of care.
- 4) Review and revise the licensee's weight monitoring policy to reflect the requirements of O. Reg 79/10, s. 69, with clear direction to nursing staff on assessing residents with significant weight changes, and with an implementation date of one month upon receipt of this order.
- 5) Education shall be provided, with documented dates and staff attendance, to all nursing and personal support staff on the home's new weight monitoring policy, with



emphasis on the need for an interdisciplinary approach in the assessment of weight changes.

6) A record is required to be kept by the licensee for all actions undertaken in steps 1-5 above.

The compliance date was December 7, 2018.

The licensee completed step one, three, and four which indicated that the Registered Dietitian (RD) shall identify all residents with significant weight changes or any other weight change that compromises the resident's health status, all interventions as assessed by the interdisciplinary team shall be identified on the resident's plan of care and to review and revise the licensee's weight monitoring policy to reflect the requirements of O. Reg 79/10, s. 69, with clear direction to nursing staff on assessing residents with significant weight changes, and with an implementation date of one month upon receipt of this order.

The licensee failed to complete with steps two, five and six of CO #001.

Interviews were carried out on identified dates with Personal Support Workers (PSW's) #103, # 104, #109, #110, and Charge Registered Nurses (RN) #106, and #108, and also Registered Practical Nurses (RPN) #105, and #107. The staff were asked whether they had received education regarding the home's weight monitoring policy. The PSW, RPN, and RN staff stated that they were unaware of a new weight monitoring policy and had not received education on the policy recently.

Interviews were conducted on two identified dates with the home's RD #100, Administrator #102, and Director of Care (DOC) #101 related to CO #001. The DOC stated that the home has a corrective action plan which will be rolled out after the initial interdisciplinary meeting which is booked for an identified date. The home's RD, Administrator, and the DOC acknowledged that the home had not completed all requirements of CO #001.



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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 comply with the following requirement of the Long Term Care Home's Act (LTCHA): it is a condition of every license that the licensee shall comply with every order made under this Act, to be implemented voluntarily.

Issued on this 19th day of December, 2018

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

Original report signed by the inspector.