

# 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

Direction de l'amélioration de la performance et de la conformité

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	Licensee Copy/Copie du Titulaire Public Copy/Copie Public		
Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection	
September 15, 16 and 17, 2010	2010_147_2910_16Sep103412	Complaint – H-00425	
Licensee/Titulaire Halton Healthcare LTC Inc. 327 Reynolds Street Oakville, ON L6J 3L7			
Long-Term Care Home/Foyer de soins de la Wyndham Manor 291 Reynolds Street Oakville, ON L6J 3L5	ongue durée		
Name of Inspector			
Laleh Neweli - #147			
Inspection Summary/Sommaire d'inspection			



## Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

- Administrator, Director of Care and RAI MDS Coordinator

During the course of the inspection, the inspector:

Reviewed clinical chart and progress notes, reviewed internal investigation and Internal incident report.

The following Inspection Protocols were used during this inspection:

Personal Support Services

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

2 WN 1 VPC

### NON- COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

WN - Written Notifications/Avis écrit

VPC - Voluntary Plan of Correction/Plan de redressement volontaire

DR – Director Referral/Régisseur envoyé
 CO – Compliance Order/Ordres de conformité

WAO - Work and Activity Order/Ordres: 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 constituer 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 Long-Term Care Homes Program Manual Standards and Criteria.

C1.17 - Each resident shall receive medication and treatment as ordered by the physician, unless the resident refuses.

#### Findings:

- An identified resident was prescribed a specific treatment and specific dosage in May 2010; however the resident received a double dose of the treatment on four occasions in May 2010.
- 2. Upon admission to the facility in May 2010 an identified resident's medication that were prescribed to be started in May 2010 were missed for 4 days.
- 3. Upon admission to the facility in May 2010 an identified resident's orders for weekly blood work was not carried out until early June 2010.



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Inspector ID #:	147		
A plan of care mus	nsee has failed to comply with - O.I of be based on, at a minimum, inter ial treatments and interventions.	Reg. 79/10, s. 26(3)18 rdisciplinary assessment of the following with respect to	
Findings:			
medical co discharge d	ndition and special health needs re	t was assessed for having been diagnosed with a plated to medication. However, at the time of resident's ot include interventions related to the diagnosis or special ation therapy.	
Inspector ID #:	ID #: 147		
Additional Requi	ed Actions:		
requested to prepa	are a written plan of correction for a chensive assessment with respect	2007, S.O. 2007, c.8, s.152(2) the licensee is hereby achieving compliance to ensure all plans of care are to the residents special treatment and interventions to be	
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).	