



Ministry of Health and  
Long-Term Care

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection  
prévus le Loi de 2007 les  
foyers de soins de longue

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  
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 30, Feb 1, 2, 6, 16, 24, Mar 8, Apr 2, May 14, 23, 2012	2012_122156_0003	Complaint

Licensee/Titulaire de permis

HALTON HEALTHCARE LTC INC.  
327 REYNOLDS STREET, OAKVILLE, ON, L6J-3L7

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

WYNDHAM MANOR LONG TERM CARE CENTRE  
291 REYNOLDS STREET, OAKVILLE, ON, L6J-3L5

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

CAROL POLCZ (156), BERNADETTE SUSNIK (120), LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered staff, Dietary Aide, Personal Support Workers (PSW's)

During the course of the inspection, the inspector(s) Observed meal service, completed a tour of the home area, reviewed clinical records. This inspection is related to Log #H-001634-11

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Nutrition and Hydration

Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
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
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 O.Reg 79/10, s. 51. Continence care and bowel management**  
Specifically failed to comply with the following subsections:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,**  
**(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;**  
**(b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;**  
**(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;**  
**(d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;**  
**(e) continence care products are not used as an alternative to providing assistance to a person to toilet;**  
**(f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;**  
**(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and**  
**(h) residents are provided with a range of continence care products that,**  
**(i) are based on their individual assessed needs,**  
**(ii) properly fit the residents,**  
**(iii) promote resident comfort, ease of use, dignity and good skin integrity,**  
**(iv) promote continued independence wherever possible, and**  
**(v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).**

#### **Findings/Faits saillants :**

1. The home failed to ensure the plan of care for an identified resident related to urinary incontinence was individualized to promoted and manage her bladder continence. The resident was admitted to the home in 2009, the home initiated bladder and bowel continence assessments shortly thereafter, however neither was completed by staff as required. The progress notes in 2011 indicate a routine toileting requirement was discussed with the resident's family, however the plan of care does not include a specific individualized plan or a scheduled toileting routine for the resident to promote and manage bladder continence. The plan of care reviewed in January 2012 and last updated in December 2011, states the resident is "heavily incontinent because of the dosage of diuretics and she requires at least two brief changes along with toileting during the day and evening shifts and wears an extra large brief", however neither the plan of care or the progress notes include these requirements.

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service**  
**Specifically failed to comply with the following subsections:**

**s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:**

- 1. Communication of the seven-day and daily menus to residents.**
- 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
- 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
- 4. Monitoring of all residents during meals.**
- 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
- 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
- 7. Sufficient time for every resident to eat at his or her own pace.**
- 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
- 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.**
- 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
- 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

---

**Findings/Faits saillants :**

1. An identified resident was not provided with eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible. The resident was not provided with assistive eating devices as per the plan of care. The Restorative Dining Program Occupational Therapy Assessment form completed in December 2011 indicated that the resident was to be provided with built-up handles for the fork and spoon. Rubazote foam was to be provided by dietary staff who should remove foam each time regular cutlery was washed and reimpliment for every meal. The assistive eating devices were not provided to the resident for the observed lunch meal on January 30, 2012. The resident was not provided with assistance in eating or encouragement throughout the meal until almost 95% of the meal was completed. The resident was observed struggling to eat, was not aware of where things were in front of her and ate most of the meal with her hands (hamburger and potato salad).

**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 residents are provided with eating aids, assistive devices, personal assistance and encouragement to safely eat and drink as comfortably and independently as possible., to be implemented voluntarily.***

**Issued on this 25th day of June, 2012**



Ministry of Health and  
Long-Term Care

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection  
prévus le Loi de 2007 les  
foyers de soins de longue

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

*Carol Polg, RD*