



**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  
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Performance Improvement and  
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**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**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 24, 2014	2014_202165_0002	L-001062-13	Complaint

#### **Licensee/Titulaire de permis**

STEEVES & ROZEMA ENTERPRISES LIMITED  
265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1

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

ST ANDREW'S TERRACE LONG TERM CARE COMMUNITY  
255 St. Andrew's Street, CAMBRIDGE, ON, N1S-1P1

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

TAMMY SZYMANOWSKI (165)

#### **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 22, 23, 2014**

**During the course of the inspection, the inspector(s) spoke with The Director of Care (DOC), Personal Support Workers (PSW), Food Service Manager, Dietary aide, Registered Nursing Staff and Residents**

**During the course of the inspection, the inspector(s) reviewed clinical health record and policy 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 VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**



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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**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).**

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**Findings/Faits saillants :**

1. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A) The plan of care for resident #001 indicated that if the resident missed a meal then meal items would be offered at snack time. In January 2014, the resident did not consume the observed lunch meal however, it was observed that the resident was not offered the meal items at snack time. The DOC confirmed that the resident should have been offered meal items at snack. [s. 6. (7)]

2. The licensee did not ensure that the resident was 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.

A) Resident #001's plan of care for eating indicated that the resident was independent with no help or oversight with setup only. In January 2014, staff were observed providing extensive encouragement to eat and the resident required assistance with drinking fluids. Staff reported that the resident required more direction. Interview with the DOC confirmed that the resident has recently changed and has a decreased interest with eating. DOC reported that staff were to be providing assistance with eating to the resident which was initiated the previous week. The resident's plan of care was not revised to reflect the changes. [s. 6. (10) (b)]



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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 the care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.***

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**Issued on this 24th day of January, 2014**

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