

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

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 2, 2021	2020_866585_0001	020718-20, 022990- 20, 024178-20	Complaint

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**Licensee/Titulaire de permis**

St. Peter's Care Centres  
125 Redfern Avenue Hamilton ON L9C 7W9

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

St. Peter's Residence at Chedoke  
125 Redfern Avenue Hamilton ON L9C 7W9

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

LEAH CURLE (585), JESSICA PALADINO (586)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): December 11, 22, 23, 29, 30, 2020 and January 5, 6, 7, 8, 11, 12, 13, 14, 15, 18, 2021.**

**The following complaint inspections were conducted during this inspection:**

**complaint log #022990-20 related to skin and wound care and personal support services;  
complaint log #020718-20 related to bed refusals; and,  
complaint log #024178-20 related to personal support services, falls and continence.**

**Critical Incident System (CIS) inspection #2020\_866585\_0002 was also conducted concurrent with this on-site inspection.**

**During the course of the inspection, the inspector(s) spoke with residents, family members, essential care givers, Personal Care Workers (PCWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Resident Care Supervisors (RCSs), the Physiotherapist (PT), Physiotherapist Assistants (PTAs), a Nurse Practitioner (NP), the Manager of Resident Services (MRS), Assistant Director of Care (ADOC), Director of Care (DOC) and the Administrator.**

**During the course of the inspection, the inspector(s) toured the home, observed residents and the provision of care, reviewed relevant records and documents that included, but were not limited to: clinical health records, admission applications and bed refusals letters, policies and procedures, program evaluations and training records, staff schedules and investigation records.**

**The following Inspection Protocols were used during this inspection:**

**Admission and Discharge  
Continence Care and Bowel Management  
Falls Prevention  
Personal Support Services  
Skin and Wound Care**

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

- 3 WN(s)**
- 2 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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 O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the provision of fingernail care of two residents, was documented.

Two resident clinical records were reviewed and over an identified period, documentation failed to support that fingernail care had been provided. The Assistant Director of Care (ADOC) reported that finger nail care had been provided to the residents; however, confirmed documentation failed to support this.

Sources: resident health records, interview with the ADOC. [s. 30. (2)]

***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 and ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**

Specifically failed to comply with the following:

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

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

1. The licensee has failed to ensure they approved admission of two applicants to the home after receiving copies of their admission applications, including their assessments and information required from the placement coordinator.

In 2020, two applicants were refused admission to the home. The home noted they lacked the nursing expertise necessary to meet their specified care requirements. The home confirmed they had behaviour support staff and psychogeriatric resources available which would indicate the home had the ability to provide care to residents.

Sources: admission applications and refusal letters, interview with staff. [s. 44. (7) (b)]

#### ***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 and ensure that the licensee reviews the assessments and information and shall approve the applicant's admission to the home unless the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements, to be implemented voluntarily.***

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**WN #3: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**

- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
- (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

**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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's written plan of care set out clear directions to staff and others who provide direct care to the resident regarding their transfer and toileting statuses.

The following is further evidence to support the order issued on November 27, 2020, during inspection 2020\_848748\_0002 to be complied by February 18, 2021.

One resident's written plan of care outlined the level of assistance they required for transferring and toileting. In interviews with registered nursing staff and personal care workers, the information in the written plan of care was found to be incorrect, and did not provide clear direction for staff.

The inconsistencies in the written care plan posed a risk to the resident of being transferred by an incorrect and unsafe method.

Sources: resident health record, observations and interviews with staff. [s. 6. (1) (c)]

2. The licensee has failed to ensure that a resident's plan of care was revised when their care needs changed.

One resident's care needs changed with respect to the type of support they required for safe transfers. Staff were aware of the change; however, the information was not put into the written plan of care until almost one month later. A Resident Care Supervisor confirmed the care plan was not revised when the resident's care needs changed.

Sources: a resident's health record and interviews with staff. [s. 6. (10) (b)]

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**Issued on this 9th day of February, 2021**

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

**Original report signed by the inspector.**