



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
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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 29, 2014	2014_279540_0002	H-000947- 13, H- 000890-13	Critical Incident System

Licensee/Titulaire de permis

1245556 ONTARIO INC.
200 Ronson Drive, Suite 305, TORONTO, ON, M9W-5Z9

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

BURTON MANOR
5 Sterritt Drive, BRAMPTON, ON, L6Y-5P3

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

KATE MACNAMARA (540)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 16, 17, 2013.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Resident Assessment Instrument (RAI- Coordinator), Registered Nurse (RN), Registered Practical Nurses (RPN), Recreationist, Life Enrichment Manager, Lead Rehabilitation and Restorative Care Nurse, and Personal Support Workers (PSW).

During the course of the inspection, the inspector(s) toured the home, observed the provision of care, interviewed staff, reviewed health records and relevant policies and procedures.

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

Findings of Non-Compliance were found during this inspection.



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>Legendé</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>



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**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).**

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.

The plan of care for resident #001 was updated in December 2013, post-fall and stated that the resident required extensive assistance and supervision when walking with a walker. The plan of care directed staff to walk side by side and step by step with the resident. The plan of care also identified that the resident required one staff extensive assistance for transfers on/off the toilet.

A) In December 2013, documentation identified that resident #001 attended a recreation program in the celebration room. Prior to the activity commencing the resident walked with a walker into the washroom, independently, without staff supervision. The resident was found alone laying on the floor in the washroom and complained of hip pain. An interview with the recreation staff in charge of the program confirmed that they were on another floor gathering residents at the time of the incident. The home could not confirm that there was other staff supervision in the celebration room during this time to assist residents as needed. Interviews with staff confirmed that the resident did walk unsupervised into the washroom. Staff interviews also confirmed that they, including recreation staff, were aware the resident required supervision walking and extensive one person assistance with transferring and toileting. [s. 6. (7)]

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 ensuring that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.



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Issued on this 29th day of January, 2014

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

K Macnamara #540