



**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 prévue 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

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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
Dec 8, 2011; Jan 5, 11, 12, 2012	2011_105130_0031	Complaint

**Licensee/Titulaire de permis**

955464 ONTARIO LIMITED  
3700 BILLINGS COURT, BURLINGTON, ON, L7N-3N6

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

MILLENNIUM TRAIL MANOR  
6861 OAKWOOD DRIVE, NIAGARA FALLS, ON, L2E-6S5

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

GILLIAN HUNTER (130)

**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 The Administrator, Director of Care, registered staff and personal support workers related to H-002153-11.

During the course of the inspection, the inspector(s) interviewed staff, reviewed policies, clinical records and incident reports.

The following Inspection Protocols were used during this inspection:

Continance Care and Bowel Management

Falls Prevention

Medication

Nutrition and Hydration

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**



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Legend	Legendé
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. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

The licensee did not ensure that staff use safe transferring and positioning devices or techniques when assisting residents. In 2011 and identified resident sustained a fall with observable injury, from a wheelchair when staff placed a positioning device on the chair which did not belong to this identified resident and was not intended for this specific chair. Staff admitted the positioning device was placed on this resident's chair in error. Staff stated this error contributed to the resident sliding and falling to the floor from the chair.

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 staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

The licensee did not ensure that all drugs are administered to residents in accordance with the directions for use specified by the prescriber. The home's medical directive related to bowel management reads as follows: if no bowel movement for 3 days then administer senokot 2 tabs or milk of magnesia 30 ml, if no bowel movement on day 2, give dulcolax suppository before 1100 am and repeat. Bowel records show that an identified resident did not receive medication consistently when needed and not always in accordance with the home's medical directive. The Director of Care verified that staff did not follow the medical directive for this identified resident related to bowel management.



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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 that all drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.***

Issued on this 7th day of February, 2012

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

A handwritten signature in cursive script, appearing to read "Shacey", written in black ink on a white background.