



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

**Rapport d'inspection
prevue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
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Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection 20 January 2011	Inspection No/ d'inspection 2011_127_9623_19Jan165733	Type of Inspection/Genre d'inspection Complaint # H-00042
Licensee/Titulaire The Regional Municipality of Halton, 1151 Bronte Road, Oakville ON L6M 3L1		
Long-Term Care Home/Foyer de soins de longue durée Creek Way Village, 5200 Corporate Drive, Burlington ON L7L 7G7		
Name of Inspector(s)/Nom de l'inspecteur(s) Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection regarding staffing levels and call bell response.</p> <p>During the course of the inspection, the inspector spoke with the administrator, director of care and manager of resident care.</p> <p>During the course of the inspection, the inspector reviewed call bell system records and staffing schedules.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Sufficient Staffing Inspection <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN</p>		

NON-COMPLIANCE / Non-respectés

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigences prevue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 5:

5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

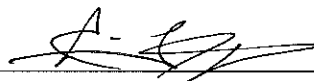
Findings:

On 20 January 2011, the inspector confirmed the following information:

The usual staff complement on night shift (2300 - 0700) is 9 staff consisting of 1 RN, 1 RPN, 5 PSWs (one per resident home area (RHA)) and 2 PSWs who float between the RHAs. There was a scheduling miscommunication where one PSW had called in sick for the next night shift but that information was not passed on to the registered staff. The staff on an evening shift left their assigned RHA at the end of their shift without confirming their relief was in the RHA or in the building. As a result, that RHA did not have any staff member present for the first hour of the 2300 - 0700 shift, placing residents at risk. During that time, three resident call bells were activated in the RHA; the first at 23:10, the second at 23:34 and the third at 23:34. The call bells were not answered for more than 48 minutes; 25 minutes and 27 minutes, respectively. The night RPN realized the problem after returning to the RHA and a PSW was assigned for the remainder of the shift. In addition, a resident call bell in another RHA was activated at 05:31 on the same 2300 - 0700 shift but was not answered for more than 25 minutes.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.



Title:

Date:

Date of Report (if different from date(s) of inspection).

04 May 2011