

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 10, 2021	2021_820130_0008	024982-20, 005994-21	Complaint

Licensee/Titulaire de permis

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 ou des inspecteurs

GILLIAN HUNTER (130)

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): April 28 and May 7, 2021.

Please note: this inspection was conducted offsite related to the following:

Log #05994-21 and #024982-20 related to bed refusals.

During this offsite inspection, staff and the Placement Coordinator were interviewed and the bed refusal letters were reviewed.

During the course of the inspection, the inspector(s) spoke with the Administrator, Patient Care Manager and Placement Coordinator with the Placement Home and Community Care Support Services Hamilton Niagara Haldimand Brant, formally the Placement Services, of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN).

**The following Inspection Protocols were used during this inspection:
Admission and Discharge**

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>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 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 failed to ensure that they complied with the Act when Placement Home and Community Care Support Services Hamilton Niagara Haldimand Brant, received two bed refusal letters from the Administrator, in March 2021, for applicant #001 and November 2020, for applicant #002, based on reasons not permitted within the legislation.

The first refusal letter, for applicant #001, identified that after a review of the applicant's application, the home lacked the physical facilities necessary to meet their care requirements and that the staff lacked the expertise necessary to meet their needs. The basis for the decision was information provided in the application and the anticipated trajectory of the applicant's diagnosis.

Following the receipt of the refusal letter, a patient conference was held with the hospital care team, Placement Home and Community Care Support Services and the LTCH to discuss the applicant's care needs and the palliative approach to care. Despite the information provided, the LTCH home did not rescind the bed refusal.

The second refusal letter, for applicant #002, identified that after a review of all information related to their application to wait list, the home lacked the physical facilities necessary to meet their care requirements due to their specific needs; despite an assessment and additional information provided by Placement Home and Community Care Support Services, the home still refused the applicant to wait list.

It was confirmed after review of the documentation and during discussion with the Placement Manager, Placement Coordinator and the Administrator that the home did not lack the physical facilities nor lack the expertise necessary to meet the care needs of applicant #001, at the time of bed match and that the home did not lack the physical facilities necessary to meet the care needs of applicant #002 when they applied to the home's wait list.

The licensee failed to ensure that they complied with the Act when they refused the Applicants' admission to the home based on their needs and preferences.

Sources: Interviews with Placement Home and Community Care Support Services and LTC home staff and review of refusal letters. [s. 44. (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 to ensure the licensee approves an applicant's admission to the home unless, a) the home lacks the physical facilities necessary to meet the applicant's care requirements; b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or c) circumstances exist which are provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.

Issued on this 11th day of May, 2021

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

Original report signed by the inspector.