



**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**

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

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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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>
Jan 17, 2018	2017_560632_0025	028664-17	Resident Quality Inspection

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**Licensee/Titulaire de permis**

BENEVOLENT SOCIETY "HEIDEHOF" FOR THE CARE OF THE AGED  
600 Lake Street St. Catharines ON L2N 4J4

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

HEIDEHOF LONG TERM CARE HOME  
600 Lake Street St. Catharines ON L2N 4J4

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

YULIYA FEDOTOVA (632), AILEEN GRABA (682), GILLIAN HUNTER (130), KELLY  
CHUCKRY (611)

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

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**The purpose of this inspection was to conduct a Resident Quality Inspection.**

**This inspection was conducted on the following date(s): December 18, 19, 20, 21, 2017**

**The following inspections were completed concurrently with the Resident Quality Inspection.**

**Critical Incident System Report:  
009432-17 related to: Falls Prevention**

**Complaint:  
014644-17 related to: Contenance Care and Bowel Management, Medication,  
Infection Prevention and Control, Personal Support Services and Food Quality**

**Inquiries:  
027537-17 related to: Prevention of Abuse and Neglect**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the RAI - MDS (the Resident Assessment Instrument - Minimum Data Set) Co-ordinator, Food Services Manager (FSM), Life Enrichment Manager, Recreation Therapist, Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), with residents and their families.**

**During the course of the inspection, the inspector(s) conducted a tour of the home, including resident rooms and common areas, reviewed infection prevention and control policy, reviewed inspection related documentation, relevant clinical records, relevant policies, procedures, and practices within the home, reviewed meeting minutes, investigation notes, staff files, observed the provision of care and medication administration.**

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



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**Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Falls Prevention  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council**

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

**2 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>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>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**



### Findings/Faits saillants :

1. The licensee failed to ensure that the policy instituted or otherwise put in place was complied with.

The home's policy N-09.60 "Weighing of Residents" (revised in May, 2015), indicated that all residents were weighed at the beginning of each month and all results were documented in residents' chart. A review of residents' weight summary identified that there were five residents out of randomized sample of 20 (25 percent (%)), whose weights were not measured and recorded routinely by the designated staff in the home, that was each of the five residents, who was missing at least one weight and more in the reviewed twelve months period. Staff #100, when interviewed, confirmed that residents' weights were to be measured in the home upon their admission and on a monthly basis. RAI - MDS Co-ordinator, confirmed that weights for residents' #008, #010, #011, #013 and #016 were not completed routinely on monthly basis, which was acknowledged by the DOC.

The home's staff did not ensure that "Weighing of Residents" Policy was complied with.  
[s. 8. (1) (a),s. 8. (1) (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 ensuring that the policy instituted or otherwise put in place is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,  
(f) is reviewed by the Residents' Council for the home; and O. Reg. 79/10, s. 71  
(1).**



**Findings/Faits saillants :**

1. The licensee failed to ensure that the menu cycle was reviewed by the Residents' Council.

A review of Residents' Council minutes indicated that the Fall/Winter menu was not reviewed during the Residents' Council meetings in 2017. Interview with resident #016 indicated that the Fall/Winter menu was not provided for the reviewed by the FSM. On an identified date in December, 2017, interview with the FSM confirmed that there were no records about the Fall/Winter review with the Residents' Council. On December 21, 2017, interview with the Recreation Therapist, who assisted with the Residents' Council meetings, confirmed that there was no Fall/Winter menu review by the Residents' Council.

The home did not review Fall/Winter menu cycle with the Residents' Council. [s. 71. (1) (f)]

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**Issued on this 24th day of January, 2018**

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

**Original report signed by the inspector.**