



**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 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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 15, Apr 4, 2017	2017_57610a_0005	003563-17	Complaint

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

ST JOSEPH'S VILLA, DUNDAS
56 GOVERNOR'S ROAD DUNDAS ON L9H 5G7

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

IRENE SCHMIDT (510a)

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): March 1 and 2, 2017

During the course of the inspection, the inspector(s) spoke with Chief Nurse Executive, the Assistant Director of Care, Resident Care Coordinator, and registered staff. As well, clinical records and policies were reviewed.

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



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 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).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :



1. The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Resident #001 and resident #002 lived on the same home area and were observed to interact in an identified manner. Staff confirmed an intervention was implemented for a specified period of time, as a strategy to redirect residents and prevent the interactions. Review of the clinical record revealed that on four occasions during the specified period of time, the intervention was not in place, as planned. As confirmed by staff #104, care was not provided to the resident as set out in the plan of care. [s. 6. (7)]

2. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Resident #001 had identified care needs. As confirmed by staff #104, an identified intervention was implemented on a specified date, to redirect the resident. This intervention remained in place for a specified period of time, at which time it was discontinued.

Review of the clinical record revealed that, while the intervention was in place for the resident, there were four occurrences when the resident was not redirected.

Staff #104 confirmed that on these occurrences, the specified intervention was in place and unsuccessful in attempting to redirect the resident.

Staff #104 confirmed that the intervention did not keep the resident from engaging in identified interactions and that the plan of care had not been reviewed and revised when care set out in the plan was not effective. [s. 6. (10) (c)]

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:

- 1) care is provided to residents as set out in the plan of care and***
- 2) the plan of care is reviewed and revised, when care set out in the plan is not effective, to be implemented voluntarily.***

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).

(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that, for each resident demonstrating responsive behaviours, (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

This area of non compliance was issued as Compliance Order #002 on March 9, 2017, Inspection 2017_57610a_0002, with a compliance date of May 30, 2017.

The identified residents resided on the same home area and were observed to interact in an identified manner. A specified intervention was put in place, during identified time periods daily, to redirect residents. Review of the clinical record revealed that on numerous occasions during an identified five week time period, the identified intervention was not successful in preventing the identified interactions.

The Home's policy #POL/10 titled Management of Resident with Responsive Behaviors and last revised December 1, 2016, includes a 'Post Incident Review' component (section 6.3). Section 6.3.2 directs that staff may implement any number of assessment tools to explore predictability, pattern of frequency of behaviors, such as sleep pattern observation and Dementia Observation System (DOS).

Review of the clinical record revealed that Behavioral Supports Ontario (BSO) initiated DOS documentation during two specified time frames. However, for several identified days during each of those time frames, staff confirmed documentation was incomplete. Staff also confirmed that while the home has a sleep pattern observation form, this assessment was not completed for the resident.

Actions were not taken to respond to the needs of the resident when they demonstrated behavior that was disruptive to other residents, including assessment, reassessment and interventions. [s. 53. (4) (c)]



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Issued on this 12th day of April, 2017

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

Original report signed by the inspector.