



**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 14, 2016	2016_332575_0006	036103-15; 023014-15; 022326-15	Complaint

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF PARRY SOUND WEST
21 Belvedere Avenue PARRY SOUND ON P2A 2A2

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

BELVEDERE HEIGHTS
21 BELVEDERE AVENUE PARRY SOUND ON P2A 2A2

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

LINDSAY DYRDA (575)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 25-29, 2016

This complaint inspection is related to three complaints submitted to the Director regarding the care of residents and the operation of the home. For additional non-compliance related to this inspection, see follow-up inspection #2016_332575_0004.

A follow-up inspection related to three compliance orders issued from inspection #2015_376594_0017 related to non-compliance with the home's policy for minimizing of restraining of residents, responsive behaviours, and continence care assessments was conducted concurrently during this inspection. For details, see inspection #2016_332575_0004.

A critical incident inspection related to a resident's fall was also conducted concurrently during this inspection. For details, see inspection #2016_332575_0005.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing Administration (DONA), Associate Director of Resident Care (ADORC), Dietary Manager (DM), Program Manager, a Cook, Dietary staff, Registered Practical Nurses (RPN), a private caregiver, family members, and residents.

The inspector(s) also conducted a tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, and reviewed numerous licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

Food Quality

Medication

Personal Support Services

Reporting and Complaints

Safe and Secure Home



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

3 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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 LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that written complaints that have been received concerning the care of a resident or the operation of the home were immediately forwarded to the Director.

Inspector #575 reviewed a complaint from a family member of resident #010. The family member indicated that they had sent two written complaints to the home and had received two responses from the home.

During an interview, the DONA confirmed that a written complaint was received by the home in August 2015, and a response was sent to the family member eleven days later. A second letter from the family member was received by the home via email, and a response was sent to the family member six days later. The DONA provided the inspector with an email, in which they indicated that the second complaint letter and the home's response was sent to the Director. However, the second letter was not sent to the Director until 18 days after the complaint was received. [s. 22. (1)]

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. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :



1. The licensee has failed to ensure that the planned menu items were offered and available at each meal and snack.

A complaint submitted to the Director in August 2015, indicated that there were food shortages during meal times.

An interview was conducted with the Dietary Manager (DM). During the interview, the DM indicated that the home had issues in the past with food shortages. The DM indicated that the cooks will document how much of each entree they cooked, how much was left over (if any), how much they were short (if any), and if they needed to make more.

During an interview, Cook #300 indicated that there was one time approximately one month or two ago, that they were short chicken during dinner meal service because there was not enough chicken taken out and/or the correct type of chicken (thighs vs breast).

The inspector reviewed the leftover sheets from October 26, 2015 to January 10, 2016. The inspector was not able to determine what day the home was short food, however, in an interview with the DM, the DM determined that it was November 20, 2015. The planned menu was rosemary chicken, however, not enough and/or the correct type of chicken was available at the time of the dinner meal service. [s. 71. (4)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).

(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).

(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).

(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).

(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).

(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that for every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home, a response was made to the person who made the complaint, indicating:

i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief.

Inspector #575 reviewed a complaint from a family member of resident #010. The family member indicated that they had sent two written complaints to the home and had received two responses from the home. The family member indicated that all of their concerns were addressed, except a concern regarding medication administration to resident #010.

In the written complaint, the family member indicated that they had found medication in

resident #010's room and that staff were not administering medication appropriately. The family member questioned what accountability and training the staff receive to ensure they are administering medication appropriately and that resident #010 was receiving quality care.

In the response letter, the home replied that the family member's questions gave the home a chance to review how medication was administered and determine the parameters for searching resident rooms (to reduce the possibility of medication hoarding). The response did not include what the home did to resolve the complaint.

In the second complaint letter, the family member indicated that the response did not address what actions the home had taken to address the non compliance with appropriate medication administration. [s. 101. (1) 3.]

2. The licensee has failed to ensure that a documented record was kept in the home that included:

- (a) the nature of each verbal or written complaint
- (b) the date the complaint was received
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required
- (d) the final resolution, if any
- (e) every date on which any response was provided to the complainant and a description of the response, and
- (f) any response made by the complainant.

Inspector #575 reviewed a complaint submitted to the Director from a family member of resident #010. Two written complaints were given to the home from the family member of resident #010, and responses were provided to the complainant. The inspector asked the DONA for the documented record regarding the nature of the complaint, the date the complaint was received, the type of action taken to resolve the complaint, the final resolution, every date a response was provided, and any response from the complainant.

A complaint reporting form was provided to the inspector. The form indicated the date of the first complaint, however, the record did not include the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken, every date on which any response was provided to the complainant and any response made by the complainant. There was no documentation regarding the second complaint. [s. 101.



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(2)]

Issued on this 30th day of March, 2016

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

Original report signed by the inspector.