



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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## Public Copy/Copie du public

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 4, 2015	2015_301561_0001	H-001292-14, H-001441-14	Complaint

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### Licensee/Titulaire de permis

DEL CARE LTC INC.  
4800 DUFFERIN STREET TORONTO ON M3H 5S9

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

CAWTHRA GARDENS LIMITED PARTNERSHIP  
590 Lolita Gardens MISSISSAUGA ON L5A 4N8

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

DARIA TRZOS (561)

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## 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 7, 8, 9 and March 9, 2015**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Associate Director of Care (ADOC), the Physiotherapist, registered staff including Registered Nurses (RNs) and Registered Practical Nurses (RPNs), Personal Support Workers, (PSWs) and family members.**

**During the course of the inspection, the inspector observed the provision of care, observed the meal and snack service, reviewed health care records, reviewed relevant policies, procedures and practices and interviewed staff.**

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

**Continence Care and Bowel Management**

**Dining Observation**

**Falls Prevention**

**Medication**

**Personal Support Services**

**Prevention of Abuse, Neglect and Retaliation**

**Skin and Wound Care**

**Snack Observation**

**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>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).**

**Findings/Faits saillants :**



1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Resident #001 had a written plan of care that indicated, "nails to be trimmed by Registered Staff on bath days and prn". Resident had Type 2 Diabetes Mellitus. Interview with registered staff indicated that residents with Diabetes had their nails trimmed on weekly basis by registered staff. The home used a Diabetic Finger Nail Care Summary form to document and record the date of when the nails were trimmed for residents that have Diabetes. This form also indicated that "the RN/RPN is to trim and inspect fingernails at least monthly". The Director of Care confirmed that the registered staff followed and used the Diabetic Finger Nail Care Summary for residents with Diabetes. According to the Diabetic Finger Nail Care Summary, resident #001 had their fingernails trimmed once per month in 2014. The resident's written plan of care indicated that their fingernails were to be done on bath days and as required (PRN). The home did not follow the resident's plan of care.

Resident #003 had Type 2 Diabetes and their written plan of care stated "ensure fingernails are clean daily and trimmed on bath days and prn - to be done by registered staff".

Resident #004 had unspecified Diabetes Mellitus and their written plan of care stated "registered staff to provide fingernail care during bath days due to diabetes".

Resident #005 had Type 2 Diabetes and their written plan of care stated "ensure fingernails are clean daily and trimmed on bath days and prn - to be done by registered staff".

The Diabetic Finger Nail Care Summary form was reviewed for all three residents and indicated that the residents' fingernails were trimmed on a monthly basis in 2014. The home did not follow residents' plans of care. [s. 6. (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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***



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**Issued on this 12th day of May, 2015**

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

**Original report signed by the inspector.**