



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
April 26 & 27, 2011	2011_167_2912_26Apr103930	Complaint H-000767-11
<b>Licensee/Titulaire</b>		
Delcare LTC Inc. 4800 Dufferin Street Toronto, Ontario M3H 5S9		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Cawthra Gardens Long Term Care 590 Lolita Gardens Mississauga, Ontario L5A 4N8		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Marilyn Tone #167		
<b>Inspection Summary/Sommaire d'inspection</b>		

The purpose of this inspection was to conduct an inspection related to a complaint.

During the course of the inspection, the inspector spoke with: The Administrator, the Director of Care, personal support worker staff, registered nursing staff and a student personal support worker.

During the course of the inspection, the inspector: conducted a review of the health record for the identified resident, reviewed the home's investigation notes related to an incident involving the resident and reviewed the home's policies and procedures related to Falls Prevention.

The following Inspection Protocols were used in part or in whole during this inspection:  
Falls Prevention Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN

### NON-COMPLIANCE / (Non-respectés)

#### Definitions/Définitions

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007, c.8 s. 6(1)c  
Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.**

#### Findings:

The plan of care does not give clear direction to staff providing care related to the number of staff required to assist an identified resident with transfers and gait training.

1) The Resident Assessment Protocol Summary states that the identified resident requires the assistance of two staff with transfers. The plan of care that provides direction to staff states that the resident requires the



assistance of only one staff for transfers. The personal support workers and the registered nurse interviewed confirmed that the identified resident requires assistance of two staff for transfers. This conflicting information does not provide for clear direction to staff that provide direct care.

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WN # 2: The Licensee has failed to comply with LTCHA, 2007, S.O., c.8 s.6(10) b 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, the resident's care needs change or care set out in the plan is no longer necessary; or

Findings:

The plan of care for the identified resident was not reviewed and revised when changes to their level of mobility occurred.

- 1) The Resident Assessment Protocol Summary for the identified resident states that the resident requires two persons to assist with transfers and gait training. This information was confirmed in assessments completed. The staff interviewed confirmed that the resident requires two staff to assist with transfers.
2) The plan of care states that the identified resident requires one staff to transfer.

The plan of care was not reviewed and revised to include the changes in the resident's level of assistance required for transfers.

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Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Handwritten signature: Murray Stone

Title: Date:

Date of Report: (if different from date(s) of inspection).

April 28, 2011