



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 7, 2016	2016_248214_0007	002319-16	Follow up

Licensee/Titulaire de permis

955464 ONTARIO LIMITED
3700 BILLINGS COURT BURLINGTON ON L7N 3N6

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

CRESCENT PARK LODGE
4 Hagey Avenue Fort Erie ON L2A 5M5

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

CATHY FEDIASH (214)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 29, 2016.

Please note: This inspection was conducted simultaneously with Follow up inspections 007435-15 and 028201-15.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, Registered Staff, Personal Support Workers (PSW).

The following Inspection Protocols were used during this inspection:



Falls Prevention

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2015_323130_0013		214
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2015_248214_0024		214

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. 30. General requirements
Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A) A review of resident #100's clinical records indicated that they were a high risk for falling. A review of their current written plan of care indicated that staff was to complete 15 minute safety checks to ensure that the resident was not attempting to rise from their mobility device. The home documented the residents safety checks on a paper titled, "Care Monitor. Please check for safety every 15 minutes". A review of this document was completed for three identified dates in 2016 and indicated that 15 minute safety checks had been completed for the night shift from 2245 hours until 0630 hours on two of the dates; however, it was observed that the document was blank for the night shift on the third date. No record for the day and evening 15 minute safety checks could be located for any of the three reviewed dates in 2016.

An interview with PSW staff #001 confirmed that the resident is checked every 15 minutes and an interview with the DOC and the RAI Coordinator confirmed that not all 15 minute safety checks had been documented for the resident on one of the identified night shift's or the day and evening 15 minute safety checks for two of the identified dates in 2016.

B) A review of resident #200's clinical records indicated that they were a high risk for falling. A review of their current written plan of care indicated that staff was to complete 30 minute safety checks to ensure their safety. The home documented the residents safety checks on a paper titled, "Care Monitor. Please check to ensure that the resident is not attempting to get out of bed on their own when in bed. Every ½ hour checks". A review of this document was completed for three identified dates in 2016 and indicated that 30 minute safety checks had been documented on one of the dates reviewed from 2400 hours – 0600 hours and then again from 2230 hours- 2330 hours. On a second date reviewed, safety checks every 30 minutes had been documented from 2400 hours – 0600 hours only. On the third date reviewed the document was not completed and was blank.

An interview with PSW staff #001 confirmed that the resident is checked every 30 minutes and an interview with the DOC and the RAI Coordinator confirmed that not all 30 minute safety checks had been documented for the resident for the three dates reviewed in 2016. [s. 30. (2)]



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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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 11th day of April, 2016

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

Original report signed by the inspector.