



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

**Rapport d'inspection
prevue 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**

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Date(s) of Inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
Sept. 30, 2010	2010_169_2858_30Sep115451	Complaint Log #H-00974
Licensee/Titulaire Extendicare Canada		
Long-Term Care Home/Foyer de soins de longue durée Extendicare Hamilton 90 Chedmac Drive Hamilton ON L9C7S6 FAX 905 318 1162		
Name of Inspector(s)/Nom de l'inspecteur Yvonne Walton ID#169		
Inspection Summary/Sommaire d'inspection		
<p>The purpose of this inspection was to conduct a complaint inspection related to the care of a resident prior to hospitalization.</p> <p>During the course of the inspection, the inspector spoke with: Administrator, Director of Care and Regional Director</p> <p>During the course of the inspection, the inspector: Conducted a retrospective clinical review from the home and the hospital.</p> <p>The following Inspection Protocols were used during this inspection: Care and Services</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>[1] WN [1] VPC</p>		

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'exigences prévue le paragraph 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(10)(b). (10)(b) Every 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.

Findings: According to the clinical record, the following was documented:

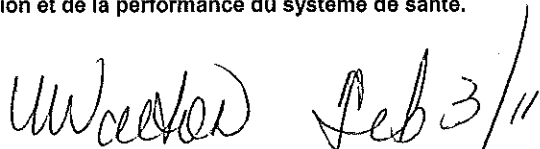
An identified resident developed a change in his condition in July 2010. The doctor went to the home and assessed the resident. Documentation in the clinical record does not indicate a clinical re-assessment and follow up occurred, according to the plan. The resident's condition continued to deteriorate and the resident was eventually transferred to the hospital for re-assessment. The resident was sent to hospital where he received palliative care and passed away.

Inspector ID #: 169

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 all residents including the identified resident are reassessed and the plan of care reviewed and revised when the care needs change, to be implemented voluntarily.



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