



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

**Rapport d'inspection
prévus 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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Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 14, 2011	2011_167_2745_14Mar093631	Complaint Log # H00091 and H-00150
Licensee/Titulaire		
Holland Christian Homes Inc. 7900 McLaughlin Road south, Brampton, Ontario L6Y5A7		
Long-Term Care Home/Foyer de soins de longue durée		
Faith Manor Nursing Home 7900 McLaughlin Road South, Brampton, Ontario L6Y5A7		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Marilyn Tone # 167		
Inspection Summary/Sommaire d'inspection		

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

During the course of the inspection, the inspector spoke with: the Director of Care, the Assistant Director of Care and the resident involved in this complaint.

During the course of the inspection, the inspector: conducted a review of the health file for the identified resident and observed care on the unit where the resident resides.

The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management Inspection Protocol
Prevention of Abuse, Neglect & Retaliation

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

[3] 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 the Long Term Care Homes Act, 2007. S.O. 2007, c.8, s. 20(2) (d)

At a minimum, the policy to promote zero tolerance of abuse and neglect of residents, d) shall contain an explanation of the duty under section 24 to make mandatory reports; and neglect of residents;

Finding:

The home's policies and procedures (P&P 72-02-21 and 72-02-19 dated January 1, 2008) related to abuse



reporting, prevention and elimination of abuse do not meet current legislative requirements. The policy that is currently in place does not address mandatory requirements to:
(d) contain an explanation of the duty under section 24 of the Act to make mandatory reports

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WN #2: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, 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.

Findings:

The licensee did not ensure that actions taken with respect to an identified resident under the Falls Management Program including assessments, interventions and resident responses to interventions were documented.

The identified resident sustained a fall at the home. There are notations in the identified resident's health file related to post fall information but there is no documentation to indicate the time that the resident sustained the fall, the circumstances surrounding the fall, the location of the fall or what assessments or interventions were completed at the time of the fall.

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WN #3: The Licensee has failed to comply with the Long Term Care Homes Act, 2007, O. Reg. 79/10, s. 51(2)c

Every licensee of a long-term care home shall ensure that, each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

Findings:

An identified resident did not consistently receive assistance from staff to manage their continence needs.

Due to the lack of clear communication related to the resident's care, the resident's toileting and continence needs are not being effectively met.



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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. <i>Marilyn Stone</i>
Title:	Date:
Date of Report: (if different from date(s) of inspection). April 11, 2011	