

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

Rapport d'inspection prévue  
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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 18, 2019	2019_826606_0027	014655-19, 014656- 19, 014657-19	Follow up

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**Licensee/Titulaire de permis**

Clurelea Ltd.

c/o Good Samaritan Nursing Home 481 Victoria Street East Alliston ON L9R 1J8

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

Good Samaritan Nursing Home

481 Victoria Street East Alliston ON L9R 1J8

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

JANET GROUX (606)

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**Inspection Summary/Résumé de l'inspection**

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

This inspection was conducted on the following date(s): November 27, 28, 29, December 2, 3, and 4, 2019.

The following follow up (FU) intakes were inspected:

Log #014655-19 FU to Order (CO) #001 regarding Falls Prevention r. 49 (2) with a Compliance Due Date (CDD) of September 20, 2019; Log #014656-19 FU to CO #002 regarding Skin and Wound Care r. 50 (2) with a CDD of October 18, 2019, and Log #014657-19 FU to CO #003 regarding Continence Care Management r. 51 (2) with a CDD date of September 20, 2019.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), and Residents.

During the inspection, the Inspector toured resident living areas; observed resident-staff interactions; reviewed relevant clinical records, policies and procedures, staff education and training records, meeting minutes, staffing schedules, and the home's compliance plans to Orders (CO) #001, #002, and #003.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management  
Falls Prevention  
Skin and Wound Care

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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 49. (2)	CO #001	2019_787640_0020		606
O.Reg 79/10 s. 50. (2)	CO #002	2019_787640_0020		606
O.Reg 79/10 s. 51. (2)	CO #003	2019_787640_0020		606

**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>Légende</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 has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Resident #003's care was observed on an identified date. During the observations, resident #003 was noted in different areas of the home in their wheelchair, engaged in a recreational activity, receiving assistance during snack service, and being portered from one area of the home to another. Several staff members including three Personal Support Workers (PSW), a student, administration and activation staff approached resident #003 during the observations but no staff member approached the resident to provide an identified activities of daily living (ADL).

Resident #003's plan of care stated the resident required a specific type and level of assistance for an identified ADL due to their medical diagnoses. Resident #003's plan of care directed staff to implement specific interventions to manage the resident's identified ADL at specified times. This was confirmed by PSW #103.

The Director of Care (DOC) stated that the it was the home's expectation that staff provided the specific type and level of assistance for the identified specific ADL to resident #003 as stated in their plan of care.

The licensee has failed to ensure that the care set out in the plan of care was provided to resident #003 as specified in the plan in relation to an identified ADL.

***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 the care set out in the plan of care is provided to the resident as specified, to be implemented voluntarily.***

**Issued on this 19th day of December, 2019**

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

**Original report signed by the inspector.**