



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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du public

Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Feb 3, 2014, 2014\_250511\_0001, H-000643-13, Complaint

Licensee/Titulaire de permis

GRACE VILLA LIMITED
284 CENTRAL AVENUE, LONDON, ON, N6B-2C8

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

GRACE VILLA NURSING HOME
45 LOCKTON CRESCENT, HAMILTON, ON, L8V-4V5

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

ROBIN MACKIE (511), BERNADETTE SUSNIK (120)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 9, 10, 2014.

During the course of the inspection, the inspector(s) spoke with Administrator, Recreation staff, Program Manager, Office Manager, residents and family members.

During the course of the inspection, the inspector(s) observed the provision of care, reviewed clinical records for specified residents and applicable policy and procedures.

The following Inspection Protocols were used during this inspection:



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

**Prevention of Abuse, Neglect and Retaliation Trust Accounts**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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. 8. Policies, etc., to be followed, and records**



Ministry of Health and  
Long-Term Care

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

Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,  
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).  
(b) is complied with. O. Reg. 79/10, s. 8 (1).

---

**Findings/Faits saillants :**

1. The licensee did not ensure where Regulation 79/10 required the licensee of a long term care home to have instituted or otherwise put in place any plan, policy, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was complied with.

A review of the home's Trust Account policy and procedure, section 4-01, read the resident trust accounts were the responsibility of the office manager and/or the Administrator and the trust account would "provide an accurate and detailed account of all transactions completed with the residents' funds". The policy further read that when payments from the trust account occurred the "resident and/or representative must have receipts in order for monies to be released and for the purpose of record keeping/auditing, all documentation related to the resident trust account i.e., receipts will be maintained by the home for a period of not less than seven years". Resident #01's financial records were reviewed from January 1, 2012 through January 1, 2013.

1. In February, 2012 a debit of 55 dollars was signed for by a recreation staff member, on behalf of resident #01, for a shopping outing. On review of resident #01's financial records there were no receipts for purchases made and no credit of any monies back into the resident's account. Interview with recreation staff indicated that the staff 'could not remember' what/if items were purchased or if monies were returned to the office manager on behalf of the resident. Two recreation staff stated they would 'occasionally' provide receipts to the office manager but they were not kept and were told by the office manager that receipts were 'not necessary'. An interview with the office manager identified it was not the practice of the home to ask for or keep receipts. However, the office manager stated if receipts were provided she would have kept them in the resident's financial file. The office manager confirmed that there were no receipts provided for the outing nor monies returned for resident #01.



**Ministry of Health and  
Long-Term Care**

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

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

2. In February, 2012 a debit of 30 dollars was signed for by a recreation staff member, on behalf of resident #01, for an outing to Tim Hortons/Dollarama. On review of financial records there were no receipts for purchases made and no credit of monies back into the resident's account.

3. On May, 2012 a debit of 55 dollars was signed for by a recreation staff member on behalf of resident #01 for a shopping outing. On review of financial records there were no receipts for purchases made and a credit of 5 dollars were returned back into the resident's account.

4. On July, 2012 a debit of 41.38 dollars and on October 18, 2012 a debit of 49.70 dollars were signed for by a recreation staff member, on behalf of resident #01, for two separate shopping outings. On review of financial records there were no receipts for purchases made and no monies credited to the resident's account. The office manager was asked why there was an uneven amount of monies debited from the account and she stated this was the actual monies spent not the amount that was taken out of the account. The office manager confirmed this was not an accurate and detailed account of the transactions completed as she "must have subtracted the amount of the money returned with what had actually been given to the recreation aid, on behalf of the resident, and made one transaction debit". The office manager confirmed she had no transaction record (i.e. debit) for the actual monies taken from the resident's trust account nor receipts for the monies spent to confirm the uneven debit amounts listed above.

5. On November, 2012 a debit of 50 dollars was signed for by a recreation staff member, on behalf of resident #01, for a shopping outing. On review of financial records there were no receipts for purchases made and no credit of monies returned back into the resident's account.

6. In December, 2012 a debit of 13.40 dollars was signed for by the recreation staff member, on behalf of resident #01, for a shopping outing. On review of financial records there were receipts for purchases made of 13.40 dollars and no credit into the resident's account. The office manager confirmed this was not an accurate and detailed account of the transactions completed as she 'thinks' she subtracted the amount of the money returned with what had actually been given to the recreation aid, on behalf of the resident, and made one transaction debit. The office manager confirmed she had no transaction record (i.e. debit) for the actual money taken from the resident's trust account and used the receipts for monies spent to confirm the



Ministry of Health and  
Long-Term Care

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

Ministère de la Santé et des  
Soins de longue durée

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

uneven debit amounts listed above.

An interview with resident #01, confirmed that a recreation staff member 'held the money on outings' and made all purchases on their behalf. The Resident #01 stated they never carried any money on their person when on outings and any monies not spent or receipts from the outings she thought would be returned by the recreation staff to the office manager. The resident admitted to being very forgetful and could not remember what they bought or how much they spent. The resident confirmed 'this is why the staff help' with their money. An interview with the Administrator confirmed the financial records of resident #01's trust account did not provide an accurate and detailed account of all transaction completed with the resident's trust account funds. A review of these financial records failed to provide an accurate and detailed account of all transactions completed with the resident's funds and receipts were either not provided or kept, when provided, as confirmed on interview with recreation staff. [s. 8. (1) (b)]

***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 where Regulation 79/10 requires the licensee of a long term care home to institute or otherwise put in place any plan, policy, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.***

---



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

Issued on this 3rd day of February, 2014

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

R. Mackie

B. Sosnik