



**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**

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

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 8, 2018	2018_720130_0003	025367-17, 001137-18	Complaint

Licensee/Titulaire de permis

The Corporation of Haldimand County
45 Munsee Street Box 400 Cayuga ON N0A 1E0

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

Grandview Lodge / Dunnville
657 Lock Street West DUNNVILLE ON N1A 1V9

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

GILLIAN HUNTER (130), AILEEN GRABA (682)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 6, 7, 8, 9, 12, 2018.

During the course of this inspection, the inspector(s): toured the home, care was observed, clinical records and relevant policies and procedures were reviewed and staffing schedules and complaint logs were reviewed.

**During the course of this inspection, the following complaints were inspected:
025367-17 - related to transferring and positioning, prevention of abuse and neglect and personal support services.**

001137-18 - related to continence care and bowel management.

The following Critical Incident inspection was conducted concurrently with this inspection:

023893-17 related to abuse.

The following Complaint/Inquiries were conducted concurrently with this inspection:

029621-17 related to reporting critical incidents,

001956-18 related to whistle-blowing protections,

001598-18 related to responsive behaviours and abuse,

025061-17 related to continence care and personal support services, and

023045-17 related to Residents' Bill of Rights.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC) , Staff Scheduler, registered staff, personal support workers, residents and families.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Reporting and Complaints

Sufficient Staffing



During the course of this inspection, Non-Compliances were issued.

- 3 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

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 LTCHA, 2007, s. 6. Plan of care



Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a written plan of care for each resident that set out, (a) the planned care for the resident.

On an identified date in 2018, observation of resident #003 revealed they had an intervention in place for safety. An interview in 2018, with PSW #102 confirmed that the intervention was in place at specific times and was part of their routine care. A review of the plan of care did not include the use of the intervention. Registered staff #105 acknowledged that the intervention was not included in the plan of care and that the home failed to ensure that there was a written plan of care that sets out the planned care for resident #003.

Please note: This non compliance was issued as a result of the following complaint # 001956-18. (Inspector #682). [s. 6. (1) (a)]

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



The licensee failed to ensure that there was at least one registered nurse (RN), who was an employee of the licensee and was a member of the regular nursing staff on duty and present at all times.

Ontario Regulation 79/10, section 45, allowed for exceptions for the requirement of one RN on duty and present at all times, under specific situations, for homes with less than 129 beds and for small homes at hospitals.

Grandview Lodge did not qualify for any exceptions as specified in the regulations.

Grandview Lodge is a long term care home with a licensed capacity of 128 beds. The DOC and staff #108 verified the staffing pattern for the home included at least one RN (not including the Director of Care) on duty and present at all times, in addition to a mix of RPNs and PSWs to meet the nursing and personal care needs of residents. All RN positions were currently filled according to the staffing plan; however, on two identified dates in 2018, there was an RN shift that the home could not fill. It was identified that the home offered overtime to their RNs in an attempt to fill these shifts; however, when the RNs employed by the home were unwilling or unable to work the vacant shifts the home filled the shifts with RPNs employed by the home in an effort to provide nursing coverage.

It was verified by staff #108 that no circumstances were present on the two identified dates in 2018, which permitted an exception to the requirements of section 8(3), by virtue of section 45 of the Regulation.

The home did not ensure that there was at least one registered nurse who was an employee of the licensee and was a member of the regular nursing staff on duty and present at all times.

Please note: this non-compliance was issued as a result of Complaint inspection log #025061-17, (Inspector #130). [s. 8. (3)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home was dealt with as follows:

The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation was commenced immediately. O. Reg. 79/10, s. 101 (1).

A review of the Complaints Log for 2017 identified a written complaint addressed to the Administrator, dated in 2017, and was in regards to resident #003's care. There was no documentation of a response to the written complaint dated November 2017.

A review of the Complaints/Concern policy, revised January 2014, stated that: "4. All written complaints will be responded to in writing".

An interview, in February 2018, with the DOC revealed that the home felt they addressed these same concerns in a previous meeting in, 2017 and therefore did not provide a written response to the complaint letter dated in 2017.

The Administrator acknowledged, in an interview, in 2018, that the home failed to respond to the written complaint in writing within 10 business days of the receipt of the complaint regarding resident #003.

Please note: This non compliance was issued as a result of the following complaint # 001956-18. (Inspector #682). [s. 101. (1) 1.]



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Issued on this 26th day of March, 2018

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

Original report signed by the inspector.