



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 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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 6, 2018	2018_569508_0021	024728-18, 027917-18	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

ROSEANNE WESTERN (508)

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): October 1, 2, 3, 4, 9, 10, 11, 12, 15, 16, 17, 18, 19, 2018.

During the course of this inspection, the inspectors toured the facility, observed meal service, observed the provision of care, reviewed resident clinical records, relevant policies and procedures, meeting minutes, 2018 complaint log and trust accounts.

This complaint inspection was conducted concurrently during the 2018 Resident Quality Inspection (RQI).

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Resident Assessment Instrument (RAI) Coordinator, Nursing Quality Assurance Lead, Supervisor Facility Operations, Registered Staff, Personal Support Workers (PSWs), housekeeping staff, residents and family members.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Continence Care and Bowel Management
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours**

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

s. 53. (3) The licensee shall ensure that,

(a) the matters referred to in subsection (1) are developed and implemented in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; O. Reg. 79/10, s. 53 (3).

(b) at least annually, the matters referred to in subsection (1) are evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 53 (3).

(c) a written record is kept relating to each evaluation under clause (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 53 (3).

s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).

(b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that a written record was kept related to each evaluation under clause (b) that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

During interview with registered staff #126, the LTCH Inspector requested the written records of the most recent annual evaluation of the home's responsive behaviour program. Staff #126 indicated that the home could not provide written documentation of this review.

The Director of Nursing (DON) indicated that the annual review had been conducted during their Professional Advisory Committee (PAC) Meetings. The PAC meeting



minutes were provided to the LTCH Inspector. These minutes were reviewed and confirmed that this review had not been documented.

The DON confirmed that there was no written record of the annual review of the responsive behaviour program. [s. 53. (3) (c)]

2. The licensee failed to ensure that strategies were developed and implemented to respond to the resident demonstrating responsive behaviours, where possible.

Resident #013's substitute Decision Maker (SDM) consented to obtain an external health care provider from a company contracted by the home to provide a specific treatment to the resident on a monthly basis.

During review of the resident's clinical record, it was identified that the external health care provider provided this treatment to the resident ten times over an eleven month period. On eight out of the ten identified visits, it was documented that the resident was resistive during their treatment. On two identified dates in 2018, the health care provider reported to RPNs on duty on these identified dates that the treatment could not be completed due to resident's behaviours. This information was also documented into the resident's electronic clinical record by registered staff #116 and registered staff #112.

An interview with this health care provider confirmed that resident #013 was regularly resistive to receiving their treatment and at times the care could not be completed.

Review of the resident's plan of care indicated that there were no strategies developed or implemented to manage the resident's behaviours during this treatment.

It was confirmed during interview with staff #126 in October, 2018, that strategies had not been developed and implemented to manage the resident's responsive behaviours during this treatment. [s. 53. (4) (b)]



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Issued on this 14th day of November, 2018

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

Original report signed by the inspector.