



**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 26, 2013	2013_190159_0025	H-000476- 13	Complaint

Licensee/Titulaire de permis

UNGER NURSING HOMES LIMITED
312 Queenston Street, St. Catharines, ON, L2P-2X4

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

HAMPTON TERRACE CARE CENTRE
75 PLAINS ROAD WEST, BURLINGTON, ON, L7T-1E8

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

ASHA SEHGAL (159)

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): September 17, 19, 20, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, Food Service Supervisor, registered staff, personal support worker staff and the residents.

During the course of the inspection, the inspector(s) Reviewed clinical records and plans of care for identified residents, reviewed policies and procedures of the home.

**The following Inspection Protocols were used during this inspection:
Nutrition and Hydration**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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. 8. Policies, etc., to be followed, and records

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 that where the Act or the Regulations requires the licensee to have, institute or otherwise put in place, policy, protocol, procedures, strategy or system, that those plans, policies, protocols, procedures, strategy or systems were complied with, in relation to the following:[8(1)(b)]

Staff in the home did not comply with the following policies and procedures related to monthly weight record:

Staff in the home did not comply with the home's Monthly Weight Record Policy identified as # W-01-01-01 and dated March 3, 2005. This policy directed staff to calculate the variance by subtracting the current month's weight from the previous month and record in appropriate column. Reconfirm weight loss/gain by the 10th of the month through re-weighing the resident.

The staff and the clinical documentation i.e. monthly weight record confirmed that staff did not comply with these directions in the care for resident #00003, resident #00005 and resident #00006 when variance in monthly weights were identified.

The Resident #00003's monthly weight record for April 2013 indicated a significant weight gain over one month. The Director of Care confirmed although a "weight warning" notification was triggered but the staff did not reweigh the resident and reconfirm weight variances as per home's monthly weight record policy. The registered dietitian used incorrect weight for the quarterly Minimum Data Set Assessment(MDS).

The Resident 00006's monthly weight record for May 2013 and June 2013 indicated a significant weight change over one month. A re-weigh to verify the accuracy of the weight did not occur.

The Resident #00005's weight record indicated a significant weight changes over one month. The resident's August 2013 and September 2013 weight recorded indicated weight variances over one month. The clinical record and the staff confirmed that the weight variance for the resident was not reconfirmed. [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 all policies, plans, protocols, procedures, strategies or systems are in compliance with applicable requirements under the act and are complied with, to be implemented voluntarily.



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Issued on this 21st day of October, 2013

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