



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
Feb 25, 2019	2019_694166_0003	027246-18, 029850-18, 030902-18, 030905-18, 001332-19, 001936-19, 002796-19	Complaint

Licensee/Titulaire de permis

Regional Municipality of Durham
605 Rossland Road East WHITBY ON L1N 6A3

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

Hillsdale Estates
590 Oshawa Blvd. North OSHAWA ON L1G 5T9

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

CAROLINE TOMPKINS (166)

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): January 21, 22, 24, 25, 29, 30, 31, February 3, 4, 2019

Complaint logs, #027246-18, #029850-18, #030902-18, #030902-18, #001936-19, #002796-19 related to applicants' rejection letters for admission to the Long Term Care Home (LTCH) and complaint log #001332-19, related to the communication and response system were inspected concurrently during this inspection.

During the course of the inspection, the inspector(s) spoke with Residents, Personal Support Workers(PSWs), Registered Practical Nurses(RPNs), Registered Nurses(RNs), Environmental Service Workers(ESWs), Environmental Managers (ESMs), Resident Care Coordinator (RCC), Director of Care(DOC) and the Administrator.

During the course of this inspection, the inspector toured a specified resident home area, reviewed clinical records, the licensee's written communications with staff and the minutes of meetings related to the management of the communication and response system.

**The following Inspection Protocols were used during this inspection:
Admission and Discharge
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home**

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

2 WN(s)

2 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. 17. Communication and response system



Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident-staff communication and response system sound to alert staff, is properly calibrated so that the level of sound is audible to staff.

Related to log #001332-19

A complaint related to the response and communication system in a specified home area was submitted to the Director.

Review of the complaint concerns and interview with the complainant indicated that the audible portion of the communication and response system in a specified home area had been muted for approximately one year, when a specific resident began to express concerns that the sound of resident call bells was affecting the resident's health, causing the resident to display distressed and anxious behaviour.

The complainant indicated that the home's administration had been made aware of the safety concerns related to the muting of the audible communication and response system in the home area.



The complainant specifically cited concerns related to:

- Safety for residents - specifically, if staff are assisting residents in their rooms with the door closed, staff are not able see if another resident's call light is on and with the audible portion of the call system muted, staff are not able to hear calls and therefore may not be able to respond to any resident who require help.
- Safety for the residents – should there be a fall/accident or an incident of violence/aggression that would require immediately assistance related to a resident's safety, without out the audible portion of the communication and response system, staff may not be aware assistance is required. immediately.

During interviews with Inspector #166, ESM #121 and ESM #122, confirmed that the audible portion of the communication and response system in the specified home area had been muted for approximately one year, after a specific resident and the resident's family submitted a complaint about the audible sound of the system to the administration of the home.

Both ESM #121 and #122 were aware that the Ministry of Labour (MOL) had previously inspected the safety concerns related to the muted resident-staff communication and response system and that an agreement had been made ensuring that a staff member was to be in the specified home area to monitor for residents' call lights at all times, until the specified date, the audible portion of the communication and response system was to be re-initiated.

During an interview with Inspector #166, the Administrator confirmed, the audible portion of the communication and response system, in the specified home area had been muted for approximately one year due a complaint by a specific resident and the resident's family.

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The Administrator confirmed, the Ministry of Labour, the Health and Safety team within the home and the licensee had come to an agreement that a staff member had to be stationed in the home area, at all times, to ensure the safety of the residents. The agreement also indicated the audible portion of the system was to be re-initiated on a specified date.

Inspector #166, toured the home area, and observed PSW #119, monitoring residents' calls for assistance. PSW #119, indicated that staff had been stationed in this home area, at all times, for approximately a week, prior to that, there were no staff stationed in that home area to monitor resident calls.



PSW #119, indicated, the responsibility of the hall monitor was to watch for residents' call lights, which are visible outside each residents' room, to answer the call, ensure the resident is safe and then to call for staff assistance using the walkie-talkie.

During separate interviews with residents, who resided in this specified home area indicated:

- resident #010, indicated that the call bell did not work and that the resident was fortunate they did not require much help from staff.
- resident #009, who did require total assistance from staff, indicated that if they required help, they would have to verbally call out for assistance and hope staff would hear them.

During an interview with Inspector #166, the DOC confirmed the audible portion of the system in the home area had been muted approximately one year ago. The DOC advised the calls are audible at the nurses station, but not down the hall of the specified home area.

On the date the audible portion of the resident-staff communication system was to be re-initiated, Inspector #166, toured the specified home area and tested the call bells in each of the residents' rooms and found that the audible portion of the communication and response system was functioning.

Non-compliance is issued related to the muting of the audible communication and response system in a specified home area for approximately one year, which could have potentially put residents and staff at a safety risk. [s. 17. (1) (g)]

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 the resident-staff communication and response system, in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home



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Specifically failed to comply with the following:

- s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**
- (a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).**
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).**
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).**
 - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**

Findings/Faits saillants :



1. This inspection protocol has been initiated to inspect complaints related to applicants' rejection letters for placement to this Long Term Care Home.

Related to logs #027246-18, #029850-18, #030902-18, #030905-18, #001936-19 and #002796-19

The Director received the above six identified concerns related to rejection letters for placement into this Long Term Care Home.

Review of the rejection letters which were sent to the applicants and copies forwarded to the Director, indicated the Long Term Care Home lacked the nursing expertise to meet the requirements of the applicants. The rejection letters did not provide the following:

The Long Term Care Home Act under section s44(9)(c) states:

(9) If the licensee withholds approval for admission, the licensee shall give to the persons described in subsection (10), which includes the applicant, the Director and the appropriate placement coordinator:

(b) a detailed explanation of the supporting facts, as they relate to both the home and to the applicant's condition and requirements for care;

(c) an explanation of how the supporting facts justify the decision to withhold approval.

The licensee's response letters to each of the six applicants for admission to this Long Term Care Home indicated the home lacks the nursing expertise to meet the requirements of the applicants but did not provide details related to how the home lacked the nursing expertise that would be required for the care of these identified applicants.

The licensee has failed to provide a detailed explanation of the supporting facts, as they relate to both the home and to the applicants' condition and requirements for care and how the supporting facts justify the decision to withhold approval for admission to the specified applicants. [s. 44. (9)]



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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 when the licensee withholds approval for admission, the licensee shall give the applicants , the Director and the appropriate placement coordinator, a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; (c) an explanation of how the supporting facts justify the decision to withhold approval, to be implemented voluntarily.

Issued on this 25th day of February, 2019

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

Original report signed by the inspector.