



**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**

London Service Area Office  
130 Dufferin Avenue, 4th floor  
LONDON, ON, N6A-5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130, avenue Dufferin, 4ème étage  
LONDON, ON, N6A-5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## **Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 4, 2014	2014_232112_0035	L-000557-14	Complaint

### **Licensee/Titulaire de permis**

PEOPLECARE Inc.  
28 William Street North, P.O. Box 460, Tavistock, ON, N0B-2R0

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

HILLTOP MANOR CAMBRIDGE  
42 ELLIOTT STREET, CAMBRIDGE, ON, N1R-2J2

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

CAROLE ALEXANDER (112)

### **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): June 17, 2014**

**During the course of the inspection, the inspector(s) spoke with the  
Administrator, Director of Care and a Registered Nurse**

**During the course of the inspection, the inspector(s) a clinical record and the  
home's policies and procedures for pain assessments and complaint reporting**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

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



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 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 the following policies were complied with by staff:

1)The home's policy for pain assessments: "Reference No. 005300.00" "Pain Management" states that communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired must have a formal assessment quarterly and at significant condition changes."

A clinical record for a Resident who was being managed for pain describes the resident's cognitive status having changed on a few occasions. Staff did not ensure that a formal assessment took place in accordance with their policy

2)The home's policy for complaint handling and response "Reference 004100.00: "Response to Complaints" states the following " Document the complaint as follows: action taken to resolve the complaint including date of action and any follow up" A resident clinical record revealed that the resident raised 2 separate concerns and a family raised a concern. There was no action and/or follow up available in accordance with the home's policy.

This was confirmed by the home's Director of Care [s. 8. (1) (b)]

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:**  
**2. Cognition ability. O. Reg. 79/10, s. 26 (3).**

---

**Findings/Faits saillants :**

1. The Licensee did not ensure that a resident's plan of care was based on an interdisciplinary assessment of a resident's cognitive status. A Resident's plan of care did not reflect the resident's cognitive ability relating to fluctuations in cognition for decision making capabilities.

An interdisciplinary assessment for the resident's cognitive ability was not available

This was confirmed by the resident's clinical and the Director of Care [s. 26. (3) 2.]



**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**

---

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management**

**Specifically failed to comply with the following:**

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

---

**Findings/Faits saillants :**

1. The Licensee did not ensure that a clinically appropriate assessment tool was used for pain assessment.

The clinical record for a Resident indicated changes in the residents' cognitive status on occasion. During those times, staff continued to rely on the resident's verbal feedback and the resident was not assessed using a clinically appropriate assessment instrument.

This was confirmed by the resident's clinical record and the Director of Care. [s. 52. (2)]

---

**Issued on this 4th day of July, 2014**

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