



**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**

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

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<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>
Dec 28, 2016	2016_536537_0044	027420-16	Resident Quality Inspection

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**Licensee/Titulaire de permis**

CORPORATION OF THE COUNTY OF HURON  
c/o Huronlea HFA 820 Turnberry Street South BRUSSELS ON N0G 1H0

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

HURONLEA HOME FOR THE AGED  
820 TURNBERRY STREET SOUTH BRUSSELS ON N0G 1H0

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

NANCY SINCLAIR (537), NANCY JOHNSON (538)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): December 13, 16, 19, 20, and 22, 2016**

**The following intakes were completed within the RQI:**

**Log #025893-16/CI M601-000012-16 regarding injury that resulted in transfer to hospital.**

**Log #027035-16/CI M601-000013-16 regarding injury that resulted in transfer to hospital.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Resident Assessment Instrument (RAI) Coordinator, one Registered Nurse (RN), two Registered Practical Nurses (RPN), five Personal Support Workers, Residents' Council Representative, Family Council Representative, residents and families.**

**The inspector(s) also conducted a tour of all resident areas and common areas, observed resident and care provided to them, medication passes and medication storage areas, reviewed health care records and plans of care for identified residents, policies and procedures, meeting minutes and observed the general maintenance, cleanliness and condition of the home.**

**The following Inspection Protocols were used during this inspection:**

**Contenance Care and Bowel Management**

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Minimizing of Restraining**

**Nutrition and Hydration**

**Residents' Council**

**Skin and Wound Care**



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)

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

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

**s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care provided to the resident was provided as specified in the plan.

Record review of the care plan for an identified resident listed specific interventions of care requirements at specified time intervals.

Personal Support Worker's (PSW) #109 and #110 were interviewed and stated that the identified resident was not provided the specific interventions of care at the time intervals identified but that the resident would seek out staff when the care was required. Both stated that the care was not provided to the resident at any other time other than when requested by the resident.

Director of Care #101 stated that the resident should have been provided care as per the direction provided in the plan. [s. 6. (7)]

***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 the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: 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 a resident-staff communication and response system was available in every area accessible by residents.

On December 15, 2016, residents were observed in the hair salon. On observation, a call bell system was not able to be located.

Interview with the hair dresser providing services to the resident stated that they were not aware that there was a call bell system in the salon.

Director of Care (DOC) #101 observed the salon on Dec 15, 2016, and was also unable to locate a call bell system, and stated that they would confirm. DOC #101 returned and stated that there was not a call bell system in the salon and was told by the Administrator #100, that a call bell system was not required in the salon since the salon was only open when the hair dresser was in the room, and that if needed, the hair dresser should use the phone to overhead page for help in the salon. DOC #101 stated the residents were transported to and from the salon by a volunteer or a staff member, and were always supervised as the hair dresser did not leave the salon when residents were present.

The Administrator #100 stated that the hair salon was not equipped with a call bell. [s. 17. (1) (e)]

***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 the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents, to be implemented voluntarily.***

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**Issued on this 28th day of December, 2016**

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

**Original report signed by the inspector.**