



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

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 14, 2019	2018_661683_0021	022484-17, 029247-17, 029395-17, 003734-18, 010802-18, 011284-18, 021651-18, 024138-18, 026648-18, 028034-18, 000504-19	Critical Incident System

### Licensee/Titulaire de permis

The Regional Municipality of Niagara  
1815 Sir Isaac Brock Way THOROLD ON L2V 4T7

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

Linhaven  
403 Ontario Street St. Catharines ON L2N 1L5

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

LISA BOS (683), AILEEN GRABA (682), ROSEANNE WESTERN (508)

## Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 17, 18, 19, 20 and 21, 2018, and January 2, 3, 4, 7, 9, 10, 11, 14, 15, 16, 17, 18, 22 and 23, 2019.



**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***

**This inspection was completed concurrently with complaint inspection #2018\_661683\_0022 and follow up inspection #2018\_661683\_0020.**

**The following intakes were completed during this critical incident inspection:  
022484-17, CIS #M551-000027-17 - related to falls prevention and management  
029247-17, CIS #M551-000036-17 - related to falls prevention and management  
029395-17, CIS #M551-000037-17 - related to the prevention of abuse and neglect  
003734-18, CIS #M551-000008-18 - related to falls prevention and management  
010802-18, CIS #M551-000018-18 - related to falls prevention and management  
011284-18, CIS #M551-000020-18 - related to falls prevention and management  
021651-18, CIS #M551-000030-18 - related to falls prevention and management  
024138-18, CIS #M551-000031-18 - related to falls prevention and management  
026648-18, CIS #M551-000035-18 - related to the prevention of abuse and neglect  
028034-18, CIS #M551-000037-18 - related to the prevention of abuse and neglect  
000504-19, CIS #M551-000001-19 - related to the prevention of abuse and neglect**

**PLEASE NOTE: A Written Notification and Voluntary Plan of Correction related to LTCHA, 2007, c.8, s. 6(10)(c), was identified in this inspection and has been issued in Inspection Report #2018\_661683\_0022, which was conducted concurrently with this inspection. A Written Notification and Compliance Order related to LTCHA, 2007, c.8, s. 19(1) and s. 20(1) was identified in this inspection and has been issued in Inspection Report #2018\_661683\_0020, which was conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Resident Care (DRC), the Associate Directors of Resident Care (ADRC), the Manager of Long Term Care Behavioural Support and Convalescent Care, the Dietitian, the Resident and Family Support Worker, registered staff, Personal Support Workers (PSW), residents and families.**

**During the course of the inspection, the inspector(s) reviewed resident clinical records, reviewed policies and procedures, reviewed investigation notes, reviewed training records, reviewed the complaints log, reviewed meeting minutes, reviewed program evaluation records and observed residents during the provision of care.**

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



**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***

**Falls Prevention  
Minimizing of Restraining  
Pain  
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**

<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>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 6.  
Plan of care**

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

**s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**  
**(a) the planned care for the resident; 2007, c. 8, s. 6 (1).**  
**(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**  
**(c) clear directions to staff and others who provide direct care to the resident.  
2007, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that there was a written plan of care for each resident that set out the planned care for the resident.

A review of Critical Incident (CI) log #021651-18 / M551-000030-18 identified that on an identified date, resident #001 sustained a fall that resulted in an identified injury.

A review of the written plan of care for resident #001 identified that they were at an identified risk of falls and had specific interventions in place to prevent falls.

Resident #001 was observed on two identified dates, and a specific fall prevention intervention was observed to be in place. A review of the resident's written plan of care on an identified date did not identify the specific fall prevention intervention.

In an interview with Associate Director of Resident Care (ADRC) #106 on an identified date, they acknowledged that the resident had the specific fall prevention intervention in place and that it was not documented in their written plan of care.

The home did not ensure that resident #001's written plan of care set out the planned care for the resident related to an identified fall prevention intervention. [s. 6. (1) (a)]



**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***

**Issued on this 21st day of February, 2019**

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

**Original report signed by the inspector.**