



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévue le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ième</sup> étage  
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de  
longue durée**

Telephone: 905-546-8294  
Facsimile: 905-546-8255

Téléphone: 905-546-8294  
Télécopieur: 905-546-8255

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
February 9, 2011	2011-165-9610-10feb101333	Critical incident H-00160

**Licensee/Titulaire**  
  
The Regional Municipality of Niagara  
2201 St.David's Road  
Thorold, ON  
L2V 4T7

**Long-Term Care Home/Foyer de soins de longue durée**  
  
Northland Pointe  
2 Fielden Avenue  
Port Colborne, ON

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
  
Tammy Szymanowski

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a critical incident inspection.

During the course of the inspection, the inspector spoke with the administrator and director of resident care.

During the course of the inspection, the inspector: reviewed the clinical health record and reviewed policies.

The following Inspection Protocols were used during this inspection: Hospitalization and death

Findings of Non-Compliance were found during this inspection. The following action was taken:

2 WN  
1 CO: CO # 001



**NON- COMPLIANCE / (Non-respectés)**

**Definitions/Définitions**

WN – Written Notifications/Avis écrit  
VPC – Voluntary Plan of Correction/Plan de redressement volontaire  
DR – Director Referral/Régisseur envoyé  
CO – Compliance Order/Ordres de conformité  
WAO – Work and Activity Order/Ordres: travaux et activités

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

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with O.Reg. 79/10 s.26(3)(13)  
A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Nutritional status, including height, weight and any risks relating to nutrition care.**

**Findings:**

1. The plan of care was not developed based on an interdisciplinary assessment.
2. There was no interdisciplinary assessment to evaluate assessment recommendations from the hospital, the resident's recent history and current needs related to eating and swallowing in developing the plan of care for the resident. The plan of care did not identify risks for the resident despite the resident's recent experience and strategies to manage the risk were not developed and identified for staff.

**Inspector ID #:** 165

**WN #2: The Licensee has failed to comply with O.Reg. 79/10 s.8(1)(b)  
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, and is complied with.**

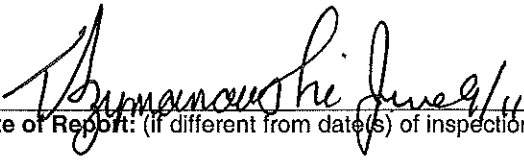
**Findings:**

1. The diet/texture order policy C030401 was not followed upon for an identified resident's admission. The diet/texture order sheet was completed by the RN and not by the home's Physician as indicated in procedure one of the policy.
2. The diet/texture policy indicates that specific diets require a written order from a doctor or a registered dietitian however; there was no written order from the home's physician or dietitian.
3. The transfer sheets from hospital include diet recommendations and the home's diet/texture policy indicates that the recommended diet is not recognized in the home and a subsequent diet (identified in the policy) should be ordered however; the diet/texture sheet completed by the RN did not follow the policy recommendation.

**Inspector ID #:** 165



CO #001 will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

<p>Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné</p>	<p>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</p> 
<p>Title: _____ Date: _____</p>	<p>Date of Report: (if different from date(s) of inspection).</p>



**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the  
*Long-Term Care Homes Act, 2007, S.O. 2007, c.8*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspector:</b>	Tammy Szymanowski	<b>Inspector ID #</b> 165
<b>Log #:</b>	H-00160	
<b>Inspection Report #:</b>	2011-165-9610-10feb101333	
<b>Type of Inspection:</b>	Critical Incident	
<b>Date of Inspection:</b>	February 9, 2011	
<b>Licensee:</b>	The Regional Municipality of Niagara 2201 St.David's Road Thorold, ON L2V 4T7	
<b>LTC Home:</b>	Northland Pointe 2 Fielden Avenue Port Colborne, ON	
<b>Name of Administrator:</b>	Joy Misztal	

To The Regional Municipality of Niagara, you are hereby required to comply with the following order by the date set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a)
<b>Pursuant to:</b> O.Reg. 79/10 s.8(1)(b) 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, and is complied with.			
<b>Order:</b> The licensee shall provide education to all the Registered Nursing staff in relation to the diet/texture order policy C030401 and ensure that the policy is complied with.			
<b>Grounds:</b> 1. The Diet/texture order policy C030401 was not followed for an identified resident's admission. The diet/texture order sheet was completed by the RN and not by the home's Physician as indicated in procedure one of the policy.			



2. The transfer sheets indicate that diet recommendations from the hospital was not a recognized diet in the home. The home's diet/texture policy C030401 indicates that a subsequent diet should be ordered in it's place however; the diet/texture sheet completed by the RN did not follow this policy.

This order must be complied with by: April 30, 2011

### REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

**Director**  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Ave. West  
Suite 800, 8<sup>th</sup> floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board and the**  
Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON  
M5S 2T5

**Director**  
c/o Appeals Clerk  
Performance Improvement and Compliance Branch  
55 St. Claire Avenue, West  
Suite 800, 8<sup>th</sup> Floor  
Toronto, ON M4V 2Y2  
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).



Issued on this 5th day of April , 2011.	
Signature of Inspector:	
Name of Inspector:	Tammy Szymanowski
Service Area Office:	Hamilton Service Area Office