



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

**Rapport d'inspection
prévüe 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
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**Ministère de la Santé et des Soins de
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Division de la responsabilisation et de la performance du
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Direction de l'amélioration de la performance et de la
conformité

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection February 15, 2011	Inspection No/ d'inspection 2011_141_2661_14Feb112456	Type of Inspection/Genre d'inspection Critical Incident H-03079
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Licensee/Titulaire
Maryban Holdings Ltd.,
3700 Billings Court, Burlington, ON L7N 3N6

Long-Term Care Home/Foyer de soins de longue durée
Oakwood Park Lodge
6747 Oakwood Drive, Niagara Falls, ON L2E 6S5

Name of Inspector(s)/Nom de l'inspecteur(s)
Sharlee McNally, LTC Inspector - #141

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection reported to the Hamilton Service Area office.

During the course of the inspection, the inspector spoke with: the Administrator, Director of Care, registered nursing staff.

During the course of the inspection, the inspector: reviewed resident records, homes policy procedures for Abuse and Accidents, Incidents and Critical Incidents, internal reported incident reports, observed the residents involved in the critical incident

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect, and Retaliation
Responsive Behaviours
Personal Support Services

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

2 WN

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 the *LTC Homes Act, 2007*, S.O 2007, s.19(1)

Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Findings:

- An identified resident had incidents of responsive behaviours towards them by another resident on multiple occasions. The home failed to inform the physician at the time of all the incidents and assessments and treatments were not completed for each incident.**

Inspector ID #: 141

WN #2: The Licensee has failed to comply with O. Reg. 79/10, s.53(1)4

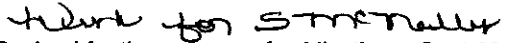
Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours: Protocols for the referral of residents to specialized resources where required.

Findings:

- An identified resident did not have a physician order for a referral to a specialized resource completed to address responsive behaviours.**

Inspector ID #: 141



Signature of Licensee or Representative of Licensee Signature du Titulaire du représentant désigné	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.  Revised for the purpose of publication - Sept 29, 2011
Title: _____ Date: _____	Date of Report: (if different from date(s) of inspection).