



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 22, 2016	2016_275536_0007	032344-15	Complaint

Licensee/Titulaire de permis

PARK LANE TERRACE LIMITED
284 CENTRAL AVENUE LONDON ON N6B 2C8

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

PARK LANE TERRACE
295 GRAND RIVER STREET NORTH PARIS ON N3L 2N9

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

CATHIE ROBITAILLE (536)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 22, 23 and April 5, 2016, off site: March 24, 29, April 1, 5, 6, 7 and 8, 11, 12 and 13, 2016.

During this complaint inspection the following was simultaneously inspected: Critical Incident System (CIS) Log #033770-15-Accommodation Services-Maintenance. No findings of non-compliance were found for the CIS inspection.

During the course of the inspection, the inspector(s) spoke with : the dietitian; personal support workers (PSW's); registered staff; nurse unit manager; education co-ordinator; Resident Assessment Instrument Minimum Data Set (RAI-MDS) co-ordinator; Director of Care (DOC); Administrator and Physician

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Maintenance
Continence Care and Bowel Management
Nutrition and Hydration
Pain
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**3 WN(s)
1 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>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 LTCHA, 2007 S.O. 2007, c.8, s. 6.

Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident’s substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident’s plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident's Substitute Decision Maker (SDM) has been provided the opportunity to participate fully in the development and implementation of the plan of care.

On an identified date during care, resident #001 was noted to have skin integrity issues. On an identified date, the Substitute Decision Maker (SDM) sent an email to the Nurse Unit Manager (NUM) identifying that they had observed this skin integrity issue and wanted to know why they had not been informed. The clinical records and emails confirmed that the SDM was not notified at the time these were identified. This was confirmed by the Administrator and the NUM.

On an identified date and time, resident #001 was noted to have once again have skin integrity issues. During a visit by the SDM the following day they observed these areas of concern. The clinical records and emails confirmed that the SDM was not notified at the time these were identified. This was confirmed by the Administrator. [s. 6. (5)]

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 and ensuring that the resident's Substitute Decision Makers (SDM) has been provided the opportunity to participate fully in the development and implementation of the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The licensee has failed to ensure that the results of the analysis undertaken of every incident of abuse or neglect of a resident at the home are considered in the evaluation.

A review was completed of the home's evaluation on prevention of abuse completed on an identified date. The inspector was unable to identify that the results of the analysis undertaken of every incident of abuse or neglect of a resident at the home was considered in the evaluation. The Administrator was able to provide evidence that an analysis had occurred at their monthly management meeting however, that information was not identified or considered in the annual evaluation. This was confirmed by the Administrator. [s. 99. (c)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

- 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).**
- 2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances. O. Reg. 79/10, s. 101 (1).**
- 3. A response shall be made to the person who made the complaint, indicating,
 - i. what the licensee has done to resolve the complaint, or**
 - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).****

Findings/Faits saillants :

- 1. The licensee has failed to ensure that a response was provided following receipt of the complaint.**

The home's policy "Complaints" policy number: 2-05, effective date: February 2014 stated: "The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately."

On an identified date, the family of resident #001 sent an email and photo's to the home wanting to know what had happened. The home did complete an investigation however, the home did not provide a response to the family member who made the complaint. The was confirmed by the Administrator. [s. 101. (1)]



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Issued on this 22nd day of April, 2016

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

Original report signed by the inspector.