



**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**

<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>
May 5, 2017	2017_552531_0009	006630-17	Complaint

**Licensee/Titulaire de permis**

LAND O'LAKES COMMUNITY SERVICES  
12497A Hwy 41 PO Box 92 Northbrook ON K0H 2G0

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

PINE MEADOW NURSING HOME  
124 Lloyd Street P.O. Box 100 Northbrook ON K0H 2G0

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

SUSAN DONNAN (531)

**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 29 and 30, 2017**

**Log #006630-17 related to resident care and services.**

**During the course of the inspection, the inspector(s) spoke with a resident, resident substitute decision maker (SDM), Personal Support Workers (PSW), Registered Practical Nurses (RPN), Registered Nurses (RN), the Physiotherapist (PT), the Physiotherapy Assistant (PTA), the Director of Care (DOC) and the Administrator. In addition the inspector reviewed resident health care records, observed resident care and services and reviewed relevant policies and procedures.**

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

**Falls Prevention**

**Personal Support Services**

**Sufficient Staffing**

**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**

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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 O.Reg 79/10, s. 32. Every licensee of a long-term care home shall ensure that each resident of the home receives individualized personal care, including hygiene care and grooming, on a daily basis. O. Reg. 79/10, s. 32.**

**Findings/Faits saillants :**



1. The licensee has failed to comply with O. Reg. 79/10, s. 32 where by resident #001 did not receive individualized care with hygiene, grooming and dressing.

In reference to log # 006630-17

The Ministry of Health and Long-Term Care received a complaint regarding resident #001's care on March 28, 2017.

Resident #001's plan of care indicates that resident #001 required extensive assistance with activities of daily living including dressing with adaptive clothing.

On March 29, 2017 resident 001's substitute decision maker (SDM) during an interview indicated that family members observed resident #001 inappropriately dressed covered with a lap blanket on two specified dates. The SDM told inspector #531 that the resident is always cold; required extensive assistance dressing with adaptive outerwear and preferred to be dressed appropriately and covered with a blanket.

RPN #101, PSW#100 and PSW #102 indicated that resident #001 requires extensive assistance with activities of daily living including dressing with adaptive outer wear. PSW #100 and #102 both indicated that resident #001's preference had been to be dressed and covered with a lap blanket. RPN #101 told inspector #531 if the registered staff had been aware that resident #001 was not dressed suitably, the PSW staff would have been directed to provide the assistance to dress resident #001 in accordance to resident/family preference and suitably for the time of day.

During an interview with PSW #106, PSW #106 indicated that there had been times on the evening shift where resident #001 had been prepared in night attire, prior to attending the evening meal in the dining room.

On the same day the Administrator and Director of Care were interviewed, acknowledged the concern, provided written communication to direct staff to ensure resident #001 was dressed appropriately for the time of day and arranged a care conference with the SDM for the following week to review the care needs including dressing and need for adaptive outerwear. [s. 32.]



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**Issued on this 5th day of May, 2017**

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

**Original report signed by the inspector.**