



**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 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**

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| <b>Report Date(s) /<br/>Date(s) du rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Apr 29, 2016                                   | 2016_189120_0023                              | 008890-16                      | Complaint                                          |

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**Licensee/Titulaire de permis**

LIUNA LOCAL 837 NURSING HOME(HAMILTON) CORPORATION  
44 HUGHSON STREET SOUTH HAMILTON ON L8N 2A7

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

QUEEN'S GARDEN  
80 Queen Street North HAMILTON ON L8R 3P6

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

BERNADETTE SUSNIK (120)

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**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): April 27, 2016**

**The complaint was related to the licensee's laundry program and resident care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Registered Nurse, Environmental Services Supervisor, Personal Support Worker and laundry aides.**

**During the course of the inspection, the inspector toured the laundry room and two home areas, reviewed laundry policies and procedures related to lost items, randomly verified resident clothing items for labels, reviewed an identified resident's clinical records and observed them while in the lounge.**

**The following Inspection Protocols were used during this inspection:  
Accommodation Services - Laundry  
Personal Support Services**

**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

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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).

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

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.



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**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. (7) The licensee shall ensure that the care set out in the plan of care is  
provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee did not ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

According to the most current written plan of care for resident #101, a medical device was required to be placed in each hand to reduce contractures and to keep the resident's palms open and dry on a daily basis. According to a family member of the resident, they reported that the resident did not have their medical device in either hand on an identified date in March 2016. During the inspection, the resident was observed to be without the device in either hands. Two devices were located by the resident's personal support worker (PSW) in the resident's room during the inspection. The PSW reported that they had attempted to apply the device but the resident displayed signs of pain and as such, the devices were not applied. The PSW had not reported the inability to apply the device to the registered nurse for follow-up. The registered nurse was not aware of any concerns from PSWs that they could not apply the device due to the residents pain and level of contracture. The care as specified in the plan was therefore not provided. [s. 6. (7)]

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**Issued on this 29th day of April, 2016**

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



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**Original report signed by the inspector.**