



**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) / 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>
Jun 27, 2016	2016_449619_0016	003633-16	Complaint

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**Licensee/Titulaire de permis**

THE REGIONAL MUNICIPALITY OF PEEL  
10 PEEL CENTRE DRIVE BRAMPTON ON L6T 4B9

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

SHERIDAN VILLA  
2460 TRUSCOTT DRIVE MISSISSAUGA ON L5J 3Z8

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

SAMANTHA DIPIERO (619)

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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 15, 19, 20, & 25, 2016**

**The following complaint inspections were completed: #003633-16 related to staff to resident abuse, and #002248-16 related to admission of a resident to the home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Behavioural Support Unit (BSU) Supervisor, registered nurses, personal support workers, translator, the complainant, and the resident. The Inspector also toured the facility, observed the provision of care, reviewed resident health records, and reviewed the homes policies and procedures.**

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

**Admission and Discharge**

**Prevention of Abuse, Neglect and Retaliation**

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

**2 WN(s)**

**1 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
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 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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours**



**Specifically failed to comply with the following:**

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
  - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
  - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that for the resident demonstrating responsive behaviours, developed strategies were implemented to respond to these behaviours.

Resident #001 exhibited responsive behaviours and the complainant identified the presence of a communication barrier; PSW and nursing staff employed alternative communication techniques. Interview with PSW #104 indicated that on an identified date in February 2016, they assisted the resident to the bathroom when the resident began displaying responsive behaviours. The resident became anxious and began yelling and alarmed a nearby family member who physically intervened between the care provider; the resident was reportedly observed as shaking and crying by registered staff #103. Interview with registered staff #103 indicated that as per the written plan of care, last updated in August 2015, when the resident refused care, that staff were to leave the resident and return in 5-10 minutes. Interview with Behavioural Unit Supervisor confirmed that this strategy was not implemented in this instance, and that the provision of care continued while the resident was resistive. Interview with Administrator confirmed that the home did not adequately manage the resident's responsive behaviours and that staff did not implement the identified strategies to manage the resident's behaviours.



***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 with r. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours, (b) strategies are developed and implemented to respond to these behaviours, where possible, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 44. Authorization for admission to a home**

**Specifically failed to comply with the following:**

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**



The licensee failed to ensure that they complied with the Act when they refused an applicant's admission to the home based on reasons that were not permitted within the legislation.

On identified dates in September 2014, and April 2015, the home refused an admission application for applicant #002, the reasons for refusal included:

- a) Nursing staff did not have the expertise to provide care to this applicant
- b) Staffing compliment would be unable to provide enough staff to provide care to the resident (hospital notes and application indicated that the resident required 2-4 persons for lifts and transfers)
- c) Specialized bed was not available (home had three and they were in use), and;
- d) Specialized equipment unable to enter shower and tub room

A review of the application and communication between the home and CCAC on behalf of the applicant indicated that the applicant was amenable to the provision of bed baths only. An interview with the DOC confirmed that the nursing staff were trained to provide care to residents with similar co-morbidities as the applicant. The DOC confirmed that the home currently had three specialized beds in use and that there was capital funding available for the purchase of another specialized bed for use by the applicant, and failing that, the home had a process for accessing High Intensity Needs Funding (HNIF) to secure the necessary specialized equipment the applicant would require. The DOC confirmed that during the day and evening shifts each floor has six care giving staff, and during the night shift each floor has three care giving staff and a charge nurse, and confirmed that there were enough staff present on an ongoing basis to assist the applicant with transfers and mobility as required. An interview with the Administrator confirmed that the home's rationale for refusal of admission for applicant #002 did not meet the legislative requirements as they related to the staff of the home lacking the nursing expertise necessary to meet the applicant's care requirements.

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**Issued on this 28th day of June, 2016**

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

**Original report signed by the inspector.**