



**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**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Aug 16, 2017	2017_664602_0021	015159-17	Complaint

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### **Licensee/Titulaire de permis**

SHERWOOD PARK MANOR  
1814 County Road #2 East BROCKVILLE ON K6V 5T1

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

SHERWOOD PARK MANOR  
1814 County Road #2 East BROCKVILLE ON K6V 5T1

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

WENDY BROWN (602)

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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): July 26 - 27, 2017**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), a Registered Nurses (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), housekeeping staff, the Resident and Family Services Manager, family members and residents. In addition the inspector reviewed resident health care records, the Reporting & Complaints and the Prevention of Abuse/Neglect policies, an electronic complaint tracking document kept by one management staff, various complaint template forms and email communication(s). The inspector also observed staff and resident care interactions and resident care and services.**

**The following Inspection Protocols were used during this inspection:  
Reporting and Complaints  
Responsive Behaviours**

**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
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. 101. Dealing with complaints**



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

**s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,**

**(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).**

**(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).**

**(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).**

**(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).**

**(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).**

**(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to keep a documented record of complaints in the home that includes, (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response; and (f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2). regarding the nature of any received complaints, the date the complaint was received, the action taken to resolve the complaint, the final resolution, if any and responses/follow-up with complainant(s).

In an interview on a specified date a complainant indicated that despite multiple complaints to nursing and management staff, the home has not made an effort to manage a resident's behaviour that negatively effects other residents in the home. The complainant also indicated complaints have been made specific to missing personal items and the posting of a sign limiting resident access to the outdoors with no explanation by management as to the reason for the sign, before, or after, it was posted with no response as of a specified date.

The Administrator and DOC acknowledged that there could be a number of complaints that had not been documented and/or followed up on including, for example, missing personal items. They explained that management staff have numerous ways of dealing with complaints that include verbal exchanges, electronic documents, personal notes,



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various complaint forms and the inconsistent use of a reporting and complaints binder that could not be located by staff at the time of the inspection. Interviews with various registered, non registered, management and office staff confirmed that concerns / complaints are forwarded to management in multiple formats such as “a verbal heads up”, emails, a resident issues form etc. Both the Administrator and the DOC acknowledged that they are not consistently following their reporting and complaints policy, nor are they making use of the appended forms. The DOC noted that they plan to revise their current reporting and complaints policy and its associated forms as well as communicate the complaints process to all staff once the revision is complete. They indicated that the reporting and complaints policy/process would be included as part of orientation for new staff. In addition they will be adding “reporting and complaints” as a standing item for daily management meetings.

The DOC advised that they continue to reassess/readdress resident behaviour as necessary and will follow up on any outstanding complaints including the sign specific to resident access in and out of the home.

The licensee has failed to keep a documented complaint record that includes the nature of each complaint; the date received, action taken, any resolution to the complaint and the response to the complainant. [s. 101. (2)]

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**Issued on this 16th day of August, 2017**

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

**Original report signed by the inspector.**