



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 10, 2016	2016_365194_0001	002302-16	Resident Quality Inspection

Licensee/Titulaire de permis

Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South WHITBY ON L1N 9W2

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

Glen Hill Strathaven
264 King Street East Bowmanville ON L1C 1P9

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

CHANTAL LAFRENIERE (194), BAIYE OROCK (624), PATRICIA MATA (571), SAMI
JAROUR (570)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): February 01, 02, 03, 04, 05, 08 and 09, 2016

Concurrently inspected during the Resident Quality Inspection were the following logs. Log #018014-15 and #020072-15(complaints related to elevator issues), Log#024783-15 (Critical Incident related to Mag locks not working), Log #025617-15 (complaint related to resident to staff abuse), Log #030669-15 (Complaint related to resident care), Log #034146-15 and #034147-15 (Follow up inspections to medications and plan of care), Log #035705-15 (Critical incident related to staff to resident neglect)and Log #003687-16 (Critical Incident related to call bells)

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Environmental Services Manager (ESM), Staff Development Coordinator, Laundry Aide, President of Resident Council, Residents and Families.

Also completed during the RQI was a tour of the home, observation of meal services, medication administration, infection control practices, provision of staff to resident care. Reviewed relevant policies, licensee's abuse investigations, staff educational records, maintenance logs, emergency response plans related to elevators, Resident Council Minutes and Family and Friends meeting minutes.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Laundry
Accommodation Services - Maintenance
Continence Care and Bowel Management
Critical Incident Response
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Safe and Secure Home
Skin and Wound Care**

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)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 134.	CO #002	2015_365194_0027		571
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2015_365194_0027		571

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, s. 22 (1), by ensuring that every written complaint concerning the care of a resident or the operation of the home is immediately forwarded to the Director.

Review of the complaints logs binder for the year 2015 indicated that the home received written complaints using “We’re Listening” form.

The administrator received two written complaints that were written by complainant and POA of resident #044 using the “We’re Listening” form. One complaint was received in June, 2015 regarding operation of the home. A second complaint was received in November, 2015 regarding care of a resident.

During an interview with Administrator indicated to the inspector that residents and family members use the “We’re Listening” to bring forward their complaints. The Administrator indicated that the complaints using this form are dealt with as verbal complaints. The administrator was in agreements that the forms completed by residents and family members in relation to the operation of the home and care of a resident should be dealt with as written complaints. The administrator confirmed that no such complaints were forwarded to the director. [s. 22. (1)]



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Issued on this 10th day of February, 2016

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

Original report signed by the inspector.