



**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**

**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  
performance et de la conformité**

London Service Area Office  
291 King Street, 4th Floor  
LONDON, ON, N6B-1R8  
Telephone: (519) 675-7680  
Facsimile: (519) 675-7685

Bureau régional de services de  
London  
291, rue King, 4<sup>ième</sup> étage  
LONDON, ON, N6B-1R8  
Téléphone: (519) 675-7680  
Télécopieur: (519) 675-7685

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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>
Aug 9, 2013	2013_183135_0017	L-000297-13	Critical Incident System

**Licensee/Titulaire de permis**

REGIONAL MUNICIPALITY OF WATERLOO  
150 Frederick Street, KITCHENER, ON, N2A-4J3

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

SUNNYSIDE HOME  
247 FRANKLIN STREET NORTH, KITCHENER, ON, N2A-1Y5

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

BONNIE MACDONALD (135), MARIAN MACDONALD (137)

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): May 28, 2013 and July 6, 2013.**

**During the course of the inspection, the inspector(s) spoke with Director of Senior Services, Administrator Resident Care Coordination, 3 Resident Care Coordinators, Team Leader, Behaviour Supports Ontario Registered Nurse, Registered Practical Nurse, Admissions Clerk, Pharmacist, 2 Personal Support Workers and Resident.**

**During the course of the inspection, the inspector(s) reviewed critical incident, related internal investigations, resident clinical records, policies and procedures for Responsive Behaviours and related staff training. Observations of resident were conducted in resident home area.**

**The following Inspection Protocols were used during this inspection:  
Critical Incident Response**

**Responsive Behaviours**

**Findings of Non-Compliance were found during this inspection.**

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<b>Legend</b>	<b>Legendé</b>
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**



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1. The licensee has failed to ensure the resident was reassessed and the plan of care was revised when the resident's care needs changed when the following occurred:

Record review for resident, revealed resident had been exhibiting responsive behaviours.

In review of the home's assessment, resident was identified as being at high risk to physically harm others. Recommended actions at that time were to have the doctor reassess and pharmacist complete a medication review.

Following that assessment it was noted the resident's care needs changed again when resident had increasing responsive behaviours.

In an interview, the home's Registered staff confirmed the resident had not been reassessed for escalating behaviours by the Pharmacist and the Physician.

During an interview the Registered staff, confirmed her expectations the resident be reassessed and the plan of care be revised when resident's care needs change. [s. 6. (10) (b)]

***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 ensuring that residents be reassessed and the plan of care be revised when resident care needs change, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

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

**s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).**



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**Findings/Faits saillants :**

1. The Licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and resident's responses to interventions are documented when the following occurred:

Review of the plan of care for resident revealed documentation related to requested assessments was incomplete.

During an interview Registered staff confirmed her expectation, that resident's responses to interventions are documented. [s. 30. (2)]

***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 ensuring resident responses to interventions are documented, to be implemented voluntarily.***

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Issued on this 21st day of August, 2013

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