



**Inspection Report  
under the *Long-Term  
Care Homes Act, 2007***

**Rapport d'inspection  
prévues le *Loi de 2007  
les foyers de soins de  
longue durée***

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

Hamilton Service Area Office  
119 King Street West, 11<sup>th</sup> Floor  
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton  
119, rue King Ouest, 11<sup>ème</sup> étage  
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
système de santé  
Direction de l'amélioration de la performance et de la  
conformité

Telephone: 905-546-8294  
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Licensee Copy/Copie du Titulaire  Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
March 9, 2011	2011_167_9587_09Mar151603	Complaint related to a CIS # H-00508

**Licensee/Titulaire**  
The Regional Municipality of Niagara  
2201 St. David's Road  
P.O.Box 344  
Thorold, Ontario  
L2V3Z3

**Long-Term Care Home/Foyer de soins de longue durée**  
Upper Canada Lodge  
272 Wellington Street  
P.O. Box 1390  
Niagara on the Lake,  
Ontario

**Name of Inspector(s)/Nom de l'inspecteur(s)**  
Marilyn Tone # 167

**Inspection Summary/Sommaire d'inspection**



The purpose of this inspection was to conduct a complaint inspection related to a Critical Incident that occurred at the home.

During the course of the inspection, the inspector spoke with: The Food Services Supervisor, The Resident Assessment Instrument Coordinator and the Nurse in Charge. (The Administrator and Director of Care were away at the time of the inspection).

During the course of the inspection, the inspector: conducted a review of the health file for the identified resident, a review of the home's policies and procedures related to pain management, a review of the home's notes related to their investigation into the incident and visit was made to the identified resident.

The following Inspection Protocols were used in part or in whole during this inspection:  
Pain Inspection Protocol  
Personal Support Services Inspection Protocol

Findings of Non-Compliance were found during this inspection. The following action was taken:

6 WN  
3 VPC  
2 CO: CO # 001, # 002

<b>NON- COMPLIANCE / (Non-respectés)</b>	
<b>Definitions/Définitions</b>	
WN – Written Notifications/Avis écrit VPC – Voluntary Plan of Correction/Plan de redressement volontaire DR – Director Referral/Régisseur envoyé CO – Compliance Order/Ordres de conformité WAO – Work and Activity Order/Ordres: travaux et activités	
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.  Non-compliance with requirements under the <i>Long-Term Care Homes Act, 2007</i> (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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.  Non-respect avec les exigences sur le <i>Loi de 2007 les foyers de soins de longue durée</i> à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with Long Term Care Homes Act, 2007, S.O. 2007, c.8, s. 6(10) b,c**

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,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or  
(c) care set out in the plan has not been effective.

**Findings:**

The identified resident was not reassessed and the plan of care reviewed and revised when their care needs changed and the plan of care was found to be ineffective.

<b>Inspector ID #:</b>	# 167
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**CO # - 001** will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN #2: The Licensee has failed to comply with Long Term Care Homes Act, 2007, S.O.2007, c. 8, s. 6(5)**

The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

**Findings:**

The identified resident's substitute decision-maker was not given the opportunity to fully participate in the development and implementation of the resident's plan of care.

<b>Inspector ID #:</b>	# 167
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**CO # - 002** will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

**WN # 3: The Licensee has failed to comply with Long Term Care Homes Act, 2007, O. Reg. 79/10, s. 30(1)1**

Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 of 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:

- 1) There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

**Findings:**

The home's policy, entitled Pain Management/Palliative Care or Otherwise # CO30511, has not been reviewed since March 2004. The current policy does not include goals and objectives, current methods to reduce risk and monitor outcomes, or protocols for the referral of residents to specialized resources where required.

<b>Inspector ID #:</b>	# 167
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**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 to ensure that the Pain Management Program at the home includes goals and objectives, and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required, to be implemented voluntarily.

**WN # 4: The Licensee has failed to comply with Long Term Care Homes Act, O. Reg. 79/10, s. 48(1)4**

**Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:**

- 1) A pain management program to identify pain in residents and manage pain.**

**Findings:**

The home's pain management program does not provide current information related to the strategies and tools that are being used to identify pain or manage pain within the home. The Home's Policy # C030511 entitled Pain Management/ Palliative Care or Otherwise states that specific tools are to be used for this purpose E.G. Pain Assessment Tool (cognitively alert), Objective Pain Assessment Tool (cognitively impaired or non-responsive). The Nurse in Charge on the day of the inspection and the Resident Assessment Instrument Coordinator at the home confirmed that these tools are no longer being used.

**Inspector ID #:** # 167

**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 to ensure that the home's Pain Management Program provides for strategies to identify and manage pain, to be implemented voluntarily.

**WN # 5: The Licensee has failed to comply with Long Term Care Homes Act O. Reg. 79/10, s.52 (1) 2,3,4**

**The pain management program must, at a minimum, provide for the following:**

- 1) Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.**
- 2) Comfort care measures.**
- 3) Monitoring of resident's responses to, and the effectiveness of, the pain management strategies.**

**Findings:**

- 1) The home currently does not have a Pain Management Program that includes strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
- 2) The home currently does not have a Pain Management Program that includes comfort measures.
- 3) The home currently does not have a Pain Management Program that includes the monitoring of resident's responses to, or the effectiveness of the pain management strategies.

**Inspector ID #:** # 167



**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 to ensure that the home's Pain Management Program includes strategies to manage pain, including, non-pharmacologic interventions, equipment, supplies, devices, assistive aids, and includes comfort measures, and includes the monitoring of resident's responses to, or the effectiveness of the pain management strategies, to be implemented voluntarily.

**WN # 6: The Licensee has failed to comply with Long Term Care Homes Act O. Reg. 79/10, s.52 (2)**

**Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.**

**Findings:**

The initial pain assessment for the identified resident was completed, however interventions were not effective.  
When the identified resident started to experience increased pain and less effective pain control, they were not assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

**Inspector ID #:** # 167

**Signature of Licensee or Representative of Licensee**  
**Signature du Titulaire du représentant désigné**

**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**

*Marilyn Lone*

**Title:**

**Date:**

**Date of Report:** (if different from date(s) of inspection).

April 8, 2011



## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the  
*Long-Term Care Homes Act, 2007, S.O. 2007, c.8*

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
<b>Name of Inspector:</b>	Marilyn Tone	<b>Inspector ID #</b> 167
<b>Log #:</b>	H-00508	
<b>Inspection Report #:</b>	2011_167_9587_09Mar151603	
<b>Type of Inspection:</b>	Complaint related to critical incident	
<b>Date of Inspection:</b>	March 9, 2011	
<b>Licensee:</b>	The Regional Municipality of Niagara	
<b>LTC Home:</b>	Upper Canada Lodge	
<b>Name of Administrator:</b>	Margaret Lambert	

To The Regional Municipality of Niagara, you are hereby required to comply with the following orders by the dates set out below:

<b>Order #:</b>	001	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a) and/or (b)
<b>Pursuant to: The Licensee has failed to comply with Long Term Care Homes Act, 2007, S.O. 2007, c.8, s. 6(10) b,c</b>			
<p>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,</p> <p>(b) the resident's care needs change or care set out in the plan is no longer necessary;          or          (c) care set out in the plan has not been effective.</p>			
<b>Order:</b>			
<p>1) The Licensee will submit a plan by April 15, 2011 for achieving compliance to ensure that the plans of care for all residents who are experiencing pain are reassessed and where the care set out in the plan has not been effective that the plan of care has been reviewed and revised to reflect the residents' current needs.</p> <p>The plan shall be submitted to Marilyn Tone, Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, 119 King street West, 11<sup>th</sup> Floor, Hamilton, Ontario L8P4Y7</p>			



<b>Findings:</b>	
The identified resident was not reassessed and the plan of care reviewed and revised when their care needs changed and the plan of care was found to be ineffective.	
<b>This order must be complied with by:</b>	April 29, 2011

<b>Order #:</b>	002	<b>Order Type:</b>	Compliance Order, Section 153 (1)(a) and/or (b)
<b>Pursuant to: : The Licensee has failed to comply with Long Term Care Homes Act, 2007, S.O.2007, c. 8, s. 6(5)</b>			
<b>The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.</b>			
<b>Order:</b>			
The Licensee shall ensure that the identified resident's substitute decision maker or any other substitute decision maker designated by a resident is given the opportunity to participate fully in the development and implementation of the resident's plan of care.			
<b>Findings:</b>			
The identified resident's substitute decision-maker was not allowed to fully participate in the development and implementation of the resident's plan of care.			
<b>This order must be complied with by:</b>	Immediate		

**REVIEW/APPEAL INFORMATION**

TAKE NOTICE:



**Ministry of Health and Long-Term Care**

Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

**Ministère de la Santé et des Soins de longue durée**

Division de la responsabilisation et de la performance du système de santé  
Direction de l'amélioration de la performance et de la conformité

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

**Director**  
 c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 Ministry of Health and Long-Term Care  
 55 St. Clair Ave. West  
 Suite 800, 8<sup>th</sup> floor  
 Toronto, ON M4V 2Y2  
 Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

**Health Services Appeal and Review Board and the**  
 Attention Registrar  
 151 Bloor Street West  
 9th Floor  
 Toronto, ON  
 M5S 2T5

**Director**  
 c/o Appeals Clerk  
 Performance Improvement and Compliance Branch  
 55 St. Claire Avenue, West  
 Suite 800, 8<sup>th</sup> Floor  
 Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).

Issued on this 11 <sup>th</sup> day of April, 2011.	
Signature of Inspector:	<i>Marilyn Tone</i>
Name of Inspector:	Marilyn Tone
Service Area Office:	Hamilton Service Area Office