



**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  
prévue le Loi de 2007 les  
foyers de soins de longue**

**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**

**Hamilton Service Area Office**  
119 King Street West, 11th Floor  
HAMILTON, ON, L8P-4Y7  
Telephone: (905) 546-8294  
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**Bureau régional de services de Hamilton**  
119, rue King Ouest, 11ièm étage  
HAMILTON, ON, L8P-4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

**Public Copy/Copie du public**

<b>Date(s) of inspection/Date(s) de l'inspection</b>	<b>Inspection No/ No de l'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
Sep 28, Nov 1, 15, Dec 9, 14, 20, 2011; Jan 3, 2012	2011_105130_0016	Follow-up

**Licensee/Titulaire de permis**

**THE REGIONAL MUNICIPALITY OF NIAGARA  
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7**

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

**UPPER CANADA LODGE  
272 WELLINGTON STREET, P. O. BOX 1390, NIAGARA-ON-THE-LAKE, ON, L0S-1J0**

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

**GILLIAN HUNTER (130)**

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

**The purpose of this inspection was to conduct a Follow up inspection.**

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, registered staff and personal support workers related to H-02000-11.

During the course of the inspection, the inspector(s) interviewed staff, observed residents and reviewed clinical records.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Findings of Non-Compliance were found during this inspection.

**NON-COMPLIANCE / NON-RESPECT DES EXIGENCES**

**Legend**

WN – Written Notification

VPC – Voluntary Plan of Correction

DR – Director Referral

CO – Compliance Order

WAO – Work and Activity Order

**Legendé**

WN – Avis écrit

VPC – Plan de redressement volontaire

DR – Aiguillage au directeur

CO – Ordre de conformité

WAO – Ordres : travaux et activités



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<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>
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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 subsections:**

- 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;
  - (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. 2007, c. 8, s. 6 (10).

**Findings/Faits saillants :**

1. The licensee did not ensure that every resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the care set out in the plan has not been effective.
  - (a) An identified resident sustained falls in 2010 and 2011; sustaining minor injury. The home did not complete post fall assessments after each fall. The document in the home known as the "care plan" was reviewed but not always revised when interventions were found to be ineffective. This information was verified by the Director of Care.
2. The licensee did not ensure that every resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or when care set out in the plan is no longer necessary.
  - (a) An identified resident had a change in condition in 2011. Staff were aware of the change in condition, but did not notify the physician in a timely manner, nor did staff revise the plan of care to reflect the change in the resident's condition. This information was verified by the Director of Care.

**Additional Required Actions:**

**CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".**

**Issued on this 3rd day of January, 2012**



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

**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

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

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

**Public Copy/Copie du public**

<b>Name of Inspector (ID #) / Nom de l'inspecteur (No) :</b>	GILLIAN HUNTER (130)
<b>Inspection No. / No de l'inspection :</b>	2011_105130_0016
<b>Type of Inspection / Genre d'inspection:</b>	Follow up
<b>Date of Inspection / Date de l'inspection :</b>	Sep 28, Nov 1, 15, Dec 9, 14, 20, 2011; Jan 3, 2012
<b>Licensee / Titulaire de permis :</b>	THE REGIONAL MUNICIPALITY OF NIAGARA 2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7
<b>LTC Home / Foyer de SLD :</b>	UPPER CANADA LODGE 272 WELLINGTON STREET, P. O. BOX 1390, NIAGARA-ON-THE-LAKE, ON, L0S-1J0
<b>Name of Administrator / Nom de l'administratrice ou de l'administrateur :</b>	MARGARET LAMBERT

To THE REGIONAL MUNICIPALITY OF NIAGARA, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

**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

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

**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**Order # /**  
**Ordre no :** 901

**Order Type /**  
**Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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;  
(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. 2007, c. 8, s. 6 (10).

**Order / Ordre :**

The licensee shall ensure that every resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or when care set out in the plan is no longer necessary to ensure, but not limited to the following:

- (a) timely notification of the physician when a significant change in a resident's condition is noted.
- (b) immediate action is taken when a significant change in a resident's condition is noted.

**Grounds / Motifs :**

1. (130)
2. The licensee did not ensure that every resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or when care set out in the plan is no longer necessary.

a) An identified resident had a change in condition in 2011. Staff were aware of the change in condition, but did not notify the physician in a timely manner, nor did staff revise the plan of care to reflect the change in the resident's condition. This information was verified by the Director of Care. (130)

3. The licensee did not ensure that every resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the care set out in the plan has not been effective.

a) An identified resident sustained falls in 2010 and 2011; sustaining minor injury. The home did not complete post fall assessments after each fall. The document in the home known as the "care plan" was reviewed but not always revised when interventions were found to be ineffective. This information was verified by the Director of Care. (130)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jan 14, 2012**



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

**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

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

**Ordre(s) de l'inspecteur**  
Aux termes de l'article 153 et/ou  
de l'article 154 de la *Loi de 2007 sur les foyers  
de soins de longue durée*, L.O. 2007, chap. 8

**REVIEW/APPEAL INFORMATION**

**TAKE NOTICE:**

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 services for the Licensee.

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

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th 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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar  
151 Bloor Street West  
9th Floor  
Toronto, ON M5S 2T5

Director  
c/o Appeals Coordinator  
Performance Improvement and Compliance Branch  
Ministry of Health and Long-Term Care  
55 St. Clair Avenue West  
Suite 800, 8th 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).



## Ministry of Health and Long-Term Care

### 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

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

### Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

### RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

#### PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire  
Commission d'appel et de révision des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto (Ontario) M5S 2T5

Directeur  
a/s Coordinateur des appels  
Direction de l'amélioration de la performance et de la conformité  
Ministère de la Santé et des Soins de longue durée  
55, avenue St. Clair Ouest  
8e étage, bureau 800  
Toronto (Ontario) M4V 2Y2  
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au [www.hsb.on.ca](http://www.hsb.on.ca).

Issued on this 3rd day of January, 2012

Signature of Inspector /  
Signature de l'inspecteur :

GILLIAN HUNTER

Name of Inspector /  
Nom de l'inspecteur :

Service Area Office /  
Bureau régional de services : Hamilton Service Area Office