



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

**Rapport d'inspection
prevue 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, 11th Floor
Hamilton, ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} 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
Facsimilie: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
28 February 2011	2011_127_2581_28Feb094955	Critical Incident # H-00372
Licensee/Titulaire		
Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga ON L5R 4B2		
Long-Term Care Home/Foyer de soins de longue durée		
Baywoods Place, 330 Main Street East, Hamilton ON L8N 3T9		
Name of Inspector(s)/Nom de l'inspecteur(s)		
Richard Hayden, Long Term Care Homes Inspector – Environmental Health #127		
Inspection Summary / Sommaire d'inspection		
<p>The purpose of this visit was to conduct a critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with the administrator (executive director), director of care and maintenance manager.</p> <p>During the course of the inspection, the inspector reviewed a resident's plan of care and inspected the front doors.</p> <p>The following Inspection Protocols were used during this inspection:</p> <ul style="list-style-type: none"> • Safe and Secure Home <p>Findings of Non-Compliance were found during this inspection. The following action was taken:</p> <p>1 WN 1 VPC</p>		

NON-COMPLIANCE / Non-respectés
Definitions/Définitions

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 *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 suivant constitue un avis d'écrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prevue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with *LTCHA, 2007, c. 8, s. 6(7)*:

6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

28 February 2011

Hourly checks on an identified resident's whereabouts were not conducted as outlined in the plan of care. On the day of the incident, the resident was last seen by staff at approximately 1430 hours. The resident did not show up for dinner and the RN was notified at 1815 hours. Code Yellow (missing resident) was initiated at 1820. The resident was found in the community later that evening and returned to the home.

Additional 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, to be implemented voluntarily, for achieving compliance related to ensuring the care set out in the plan of care is provided to the resident as specified in the plan.

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.

Title:

Date:

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

10 March 2011