



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

**Rapport d'inspection  
prévüe 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

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119, rue King Ouest, 11<sup>ième</sup> étage  
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**Ministère de la Santé et des Soins de  
longue durée**

Division de la responsabilisation et de la performance du  
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Licensee Copy/Copie du Titulaire       Public Copy/Copie Public

<b>Date of inspection/Date de l'inspection</b> February 9, 2011	<b>Inspection No/ d'inspection</b> 2011_147_2581_09Feb131042	<b>Type of Inspection/Genre d'inspection</b> Complaint – H-00205
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**Licensee/Titulaire**  
Revera Long Term Care Inc.  
55 Standish Court, 8<sup>th</sup> Floor  
Mississauga, Ontario  
L5R 4B2  
Fax: 289-777-1406

**Long-Term Care Home/Foyer de soins de longue durée**  
Baywoods Place  
330 Main Street East  
Hamilton, Ontario  
L8N 3T9  
Fax: 905-570-0154

**Name of Inspector**  
Laleh Newell - #147

**Inspection Summary/Sommaire d'inspection**

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector spoke with:

Administrator, Director of Care, Assistant Director of Care, Staff and resident.

During the course of the inspection, the inspector:

Interviewed staff, reviewed clinical chart and progress notes for resident, reviewed internal investigation and internal incident report and reviewed home's policy and procedure related to resident abuse.

The following Inspection Protocols were used during this inspection:

Prevention of Abuse, Neglect & Retaliation

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

1 WN



**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 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 *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 prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1:** The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s 6(10)(b)  
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;

**Findings:**

- An identified resident was sent to hospital in 2011 for further assessment due to being assessed by the registered staff as having declining vital signs. Resident was returned to the home a week later with a medical diagnosis that required medical intervention, however the home failed to ensure the resident's needs were reassessed and the plan of care reviewed and revised related to resident's care needs related to the medical intervention.

**Inspector ID #:** 147

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:**

*Thank for A. Newell*  
*Revised for purpose of publication SPL 29/11*  
**Date of Report:** (if different from date(s) of inspection).