



**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 prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 25, 2019	2019_560632_0004	025426-17, 026764-18	Complaint

Licensee/Titulaire de permis

City of Hamilton
28 James Street North 4th Floor HAMILTON ON L8R 2K1

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

Wentworth Lodge
41 South Street West DUNDAS ON L9H 4C4

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

YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 27, 28, March 4, 5, 6, 7, 8, 2019.

The following intakes were completed during this Complaint inspection:

log #025426-17 was related to Responsive Behaviours

log #026764-18 was related to Hospitalization and Change in Condition.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Nursing (DON), Administrative Assistant, Nursing Clerk, Social Worker, Personal Support Workers (PSWs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Behavioural Support Ontario (BSO) RPN, residents and their families.

**The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Responsive Behaviours**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :



1. The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

A complaint log #026764-18 (IL-60600-HA) was submitted to the Ministry of Health and Long-Term Care (MOHLTC) in October 2018, indicating improper care and/or treatment of resident #005. Resident #005 experienced identified symptoms on an identified date in September 2018. Based on the RN's assessment, identified intervention was applied. Progress notes review indicated that direction was provided to continue with the identified intervention application. The resident had identified intervention on identified dates in the period from September to October 2018, which was confirmed by RN #101. Nursing Care Procedures Policy NO: NM 03-08-08 indicated that in emergency situations identified intervention might be initiated by an RN based on their assessment. Review of the resident's written plan of care (last review completed in September 2018) indicated no interventions were put in place related to the identified intervention application based on the assessment of the resident's needs.

In March 2019, the DON acknowledged that resident #005's written plan of care was not based on an assessment of the resident's condition and the needs of identified intervention application.

The home failed to ensure that resident #005's written plan of care was based on an assessment of the resident's condition and the needs of that resident. [s. 6. (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 and ensuring that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident, to be implemented voluntarily.



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Issued on this 4th day of April, 2019

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

Original report signed by the inspector.