



**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 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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**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 19, 2016	2016_342611_0017	016481-16	Complaint

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**Licensee/Titulaire de permis**

CVH (no.1) LP  
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H  
5L8

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

WEST PARK HEALTH CENTRE  
103 Pelham Road St Catharines ON L2S 1S9

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

KELLY CHUCKRY (611)

**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): August 10 and August 11, 2016.**

**During the course of this inspection, the Inspector observed the provision of resident care, reviewed applicable policies, procedures, practices, and relevant resident clinical records.**

**During the course of the inspection, the inspector(s) spoke with the complainant, the Administrator, the Director of Care (DOC), registered staff, restorative care staff, recreation staff, Personal Support Workers (PSW's), maintenance staff members and residents.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Maintenance  
Nutrition and Hydration  
Personal Support Services  
Recreation and Social Activities  
Reporting and Complaints  
Responsive Behaviours**

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

**2 WN(s)  
2 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<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>

**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. (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; 2007, c. 8, s. 6 (10).**
  - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
  - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (c) care set out in the plan had not been effective.

Resident #001 was actively involved in a daily restorative care program. This program was completed with the assistance of a Restorative Care Aid (RCA). During this program, resident #001 was actively participating in this program and staff #100 indicated that resident #001 would have easily been able to provide greater results while participating in the program. In addition this resident was actively participating in a nursing restorative program with the assistance of one staff member.

On an identified date, the restorative program was no longer in place in the home. It was documented in resident #001's clinical health record that unit staff were to continue with the program and restorative care was discontinued related to having no restorative aides. Nursing staff continued with the nursing restorative program.

A review of resident #001's nursing restorative program participation took place, which included a sixteen (16) day average of the time this resident spent participating in the nursing restorative program during a seven (7) month period of time. During the two (2) month period of time prior to the restorative program no longer being in place, resident #001 participated in this program with an identified total number of hours during each respective month. After the restorative program was discontinued, resident #001 showed a marked decline in their participation in the nursing restorative program as supported by an identified total number of hours during each respective month.

The interventions as set out in the plan of care were not effective for this resident and they experienced a progressive decline in their functional ability in an identified care area.

An interview with staff #100 and the Director of Care (DOC) confirmed that resident #001 was not reassessed as it related to their functional ability in an identified care area when the care set out in the plan had not been effective. [s. 6. (10) (c)]



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***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 to ensure that all residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (c) care set out in the plan have not been effective, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 57. Integrating restorative care into programs**

**Every licensee of a long-term care home shall ensure that,**

**(a) restorative care approaches are integrated into the care that is provided to all residents; and**

**(b) the restorative care approaches are co-ordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities. O. Reg. 79/10, s. 57.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that (b) the restorative care approaches were co-ordinated to ensure that each resident was able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities.

Resident #001 was actively involved in a daily restorative care program. This program was completed with the assistance of a Restorative Care Aid (RCA). During this program, resident #001 was actively participating in this program and staff #100 indicated that resident #001 would have easily been able to provide greater results while participating in the program. In addition this resident was actively participating in a nursing restorative program with the assistance of one staff member.

On an identified date, the restorative program was no longer in place in the home. It was documented in resident #001's clinical health record that unit staff were to continue with the program and restorative care was discontinued related to having no restorative aides. Nursing staff continued with the nursing restorative program.

A review of resident #001's nursing restorative program participation took place, which included a sixteen (16) day average of the time this resident spent participating in the nursing restorative program during a seven (7) month period of time. During the two (2) month period of time prior to the restorative program no longer being in place, resident #001 participated in this program with an identified total number of hours during each respective month. After the restorative program was discontinued, resident #001 showed a marked decline in their participation in the nursing restorative program as supported by an identified total number of hours during each respective month.

Staff #101 reported that resident #001 is typically only able to participate in the nursing restorative program for short intervals and has experienced a decline in their functional ability in an identified care area. An interview with this residents Substitute Decision Maker (SDM) further confirmed that this resident has experienced a decline.

An interview with staff #100 and the Director of Care (DOC) confirmed that resident has had a decline in their functional abilities and that restorative care approaches were not co-ordinated to ensure that resident #001 maintained their functional ability in an identified care area. [s. 57. (b)]



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***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 to ensure that the restorative care approaches are coordinated to ensure that each resident is able to maintain or improve his or her functional and cognitive capacities in all aspects of daily living, to the extent of his or her abilities, to be implemented voluntarily.***

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Issued on this 19th day of September, 2016

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

Original report signed by the inspector.