



**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**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

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**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 19, 2012	2012_214146_0003	H-001523- 12	Complaint

Licensee/Titulaire de permis

1508669 ONTARIO LIMITED
c/o Deloitte & Touche Inc. - 181 Bay Street, Brookfield Place, Suite 1400, TORONTO,
ON, M5J-2V1

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

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

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

BARBARA NAYKALYK-HUNT (146)

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): December 13, 14, 17, 18, 2012

This inspection was conducted with Gillian Tracey (130) concurrently with 3 other complaints H-002231-12, H-002509-11 and H-002037-12

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care (DOC) and Personal Support Workers (PSW's).

During the course of the inspection, the inspector(s) toured the home; observed supply rooms and carts; conducted health record reviews and observed residents.

Ad-hoc notes were used during this inspection.

Findings of Non-Compliance were found during this inspection.

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



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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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee did not ensure that where the Act or this regulation required the licensee of the long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee was required to ensure that the plan, policy, protocol, procedure, strategy or system was in compliance with and was implemented in accordance with all applicable requirements under the Act.

The Administrator and staff confirmed that the home did not have any current policies and procedures available and/or accessible to staff since November 12, 2012. [s. 8. (1) (a)]

2. The licensee did not ensure that any plan, policy, protocol, procedure, strategy or system was complied with. The home's Falls Prevention and Management Policy (NM-11-F005) which was in use until November 12, 2012 indicated the RN/RPN will: Implement head injury routine if trauma to the head was suspected, or if the resident is on anticoagulant therapy, or if it was an unwitnessed fall and report the incident to oncoming shift, including the plan of action. Each shift must observe the resident closely for 24 hours and document observation on the progress notes and repeat the falls risks assessment if it is the third incident of fall within a month.

Resident 013 sustained an unwitnessed fall in June 2012 at 1101 hours; vital signs were not taken and there were no observations documented on the following shift, from 1500 to 2300 hours, nor on the following day from 0700 hours to 1500 hours. The resident sustained another unwitnessed fall in August 2012 at 0200 hours; there were no observations documented in progress notes on that date from 0700 to 1500 hours.

The resident sustained a second unwitnessed fall on the same date in August 2012 at 1524 hours; there were no observations documented on that date from 2300 to 0700 hours.

The resident sustained an unwitnessed fall in October 2012 at 1125 hours and a second unwitnessed fall in the same month and a third fall on a day in the same month at 1505 hours. Staff did not document observations in progress notes regarding the first fall of the month from 1500 to 0700, nor on the second fall from 0700 to 1500 hours. Staff did not complete a post falls assessment, after the third fall on the 28th of the same month. [s. 8. (1) (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 where the Act or this regulation requires the licensee of the long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system is in compliance with and is implemented in accordance with all applicable requirements under the Act and is complied with, to be implemented voluntarily.

Issued on this 20th day of December, 2012

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

A handwritten signature in black ink, appearing to read "Breyhalp-Hill / [unclear]". The signature is written in a cursive style and is contained within a rectangular box.