

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: January 3, 2024	
Inspection Number: 2023-1422-0009	
Inspection Type: Proactive Compliance Inspection	
Licensee: Maryban Holdings Ltd.	
Long Term Care Home and City: Billings Court Manor, Burlington	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s) Emma Volpatti (740883)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: December 11, 12, 14, 18, 19, 20, 21, 2023.

The following intakes were inspected:

- Intake: #00103632 - Proactive Compliance Inspection (PCI).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Medication Management

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Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that the written plan of care for a resident provided clear directions to staff and others who provide direct care to the resident.

Rationale and Summary

The Inspector observed a resident being provided care at a specified time. Review

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of their plan of care indicated that the resident was to be provided care at two different times.

A Personal Support Worker (PSW) acknowledged that the plan of care was unclear.

The resident's plan of care was revised to indicate the resident receives their care at the appropriate time.

Sources: Observations of a resident; interview with PSW and review of resident's clinical record.

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Date Remedy Implemented: December 19, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

Duty of licensee to comply with plan

s. 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.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan of care.

Rationale and Summary

A resident's plan of care indicated that they were to have a specific beverage at all three meals. The resident was not provided their beverage during an observation of the meal service. The PSW acknowledged that they were aware that the resident

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was to have the specified beverage and offered the resident the beverage as per their plan of care.

Sources: A resident's clinical record; resident observations; interview with the PSW and other staff.

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Date Remedy Implemented: December 11, 2023

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20 (a) can be easily seen, accessed and used by residents, staff and visitors at all times.

The licensee has failed to ensure that the resident-staff communication and response system could be accessed by residents, staff and visitors at all times.

Rationale and Summary

The Inspector observed two resident rooms where the communication and response system was not plugged in at the resident's bedside.

The Environmental Services Manager (ESM) and a PSW acknowledged that the system should have been plugged in to allow access by residents, staff and visitors.

The communication and response system were plugged back in at both bedsides.

Sources: Observations in the home, Interview with the ESM and other staff.

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Date Remedy Implemented: December 11, 2023

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home.

Rationale and Summary

In accordance with section 85 (1) of the Fixing Long Term Care Act, 2021, every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements established by the regulations.

Specifically, during an initial tour of the home, the current version of the visitor policy was not observed to be posted.

The Administrator acknowledged that the current visitor policy should be in the sign-in binder for visitors to see when they enter the home.

The home's Visitor Policy was placed in the sign-in binder for all visitors to access.

Sources: Observations in the home, interview with the Administrator.
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Date Remedy Implemented: December 12, 2023

NC #005 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (4)

Posting of information

s. 265 (4) The licensee shall ensure that the fundamental principle set out in section 1 of the Act and the Residents' Bill of Rights are posted in both English and French.

The licensee has failed to ensure that the Residents' Bill of Rights was posted in French language in the home.

Rationale and Summary

During an initial tour of the home they had the current version of the Residents' Bill of Rights posted in English, and no French version was observed to be posted.

The Administrator acknowledged that only the English version was posted in the home.

The French version of the Resident's Bill of Rights was observed to be posted in the home after the initial tour.

Sources: observations in the home, interview with the Administrator.

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Date Remedy Implemented: December 12, 2023

NC #006 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 271 (1)

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Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public.

The licensee has failed to ensure that they had a website that was open to the public.

Rational and Summary

Inspector #506 noted that the home's website was not accessible to the Public. The Administrator indicated that the home did not have a website that was available to the public as it was under construction.

During the inspection, the Administrator informed the Inspector that the home's website was now available to the Public.

Sources: Search for the home's website on the internet and interview with the Administrator and other staff.

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Date Remedy Implemented: December 14, 2023

WRITTEN NOTIFICATION: Plan of care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that a resident's plan of care set out clear

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directions to staff and others who provided direct care to the resident.

Rationale and Summary

A resident's plan of care indicated that they were at nutritional risk and were on a specific diet and were to have an intervention when required. The meal service report did not include this intervention which is also part of the resident's plan of care. Staff were observed serving the resident the wrong intervention.

The Food Service Manager (FSM) acknowledged that this intervention should have been included on the meal service record to provide clear directions to Dietary staff and PSW's.

By failing to ensure that the meal service report did not include the same interventions as the resident's plan of care prevented the resident from receiving the correct intervention.

Sources: A resident's clinical record; resident observations; interview with the FSM and other staff.

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WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration.

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The licensee has failed to ensure they complied with a procedure in their nutritional care and hydration program related to dietary services.

Rationale and Summary

In accordance with O. Reg. 246/22 s. 11 (1) b the licensee was required to ensure the nutritional care and hydration program had in place policies and procedures related to dietary services.

Specifically, staff did not comply with the Point of Service Food Temperature Record which required dietary staff to check the food temperatures daily at the point of meal service. During the meal observation on a specified unit the Inspectors reviewed the temperatures for the noon meal and noted that there were no temperatures recorded for the breakfast meal. A Dietary Aide (DA) stated they did not complete the temperatures for the breakfast meal.

The FSM acknowledged that staff did not follow their meal production policy and should have checked the food temperature at point of meal service.

Sources: Dining room observation; Temperatures of Food at Point of Service policy; Interview with FSM and dietary staff.

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