

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
Oct 4, 2019	2019_793743_0013	014551-19	Complaint

Licensee/Titulaire de permis

Holland Christian Homes Inc.
7900 McLaughlin Road South BRAMPTON ON L6Y 5A7

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

Grace Manor
45 Kingknoll Drive BRAMPTON ON L6Y 5P2

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

KIYOMI KORNETSKY (743)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): September 6, 9-13, and 16, 2019.

Log #014551-19/IL-68728-CW related to the alleged abuse of a resident.

During the course of the inspection, the inspector(s) spoke with The Director of Care (DOC), Assistant Director of Care (ADOC), Behavior Support Ontario (BSO), Resident Assessment Instrument (RAI) Coordinator (RAI-C), Activation Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN) and Personal Support Workers (PSW).

The inspector also observed resident care, interactions with residents and other staff, reviewed clinical records, pertinent policies and procedures and the licensee's documentation related to relevant investigations.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Personal Support Services**

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

<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>Légende</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 O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident who was incontinent and had an individualized plan of care to promote and manage bowel and bladder continence, that the plan was implemented.

A complaint was submitted to the Ministry of Long-Term Care (MLTC) alleging that resident #003 was not being toileted at a specified time, as documented in the resident's plan of care.

The resident's Minimum Data Set (MDS) assessment, noted that resident #003 was occasionally incontinent; and the resident's plan of care instructed staff to toilet the resident routinely, as well as at a specified time.

Resident #003 was observed on a specific date during the identified time period and staff did not approach the resident to assist them with toileting, nor did they inquire if the resident needed assistance with toileting.

Personal Support Worker (PSW) #100, who was assigned to provide care to resident #003 that day, reported that the resident was to be toileted at the specified time. PSW #100 also acknowledged that resident #003 was not toileted at the specified time as outlined in their plan of care.

The licensee failed to ensure that resident #003's individualized plan of care to promote bowel and bladder continence was implemented, when they failed to toilet resident #003 at the time specified in their plan of care. [s. 51. (2) (b)]

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 each resident who is incontinent and has an individualized plan of care to promote bowel and bladder continence, that the plan is implemented, to be implemented voluntarily.

Issued on this 8th day of October, 2019

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

Original report signed by the inspector.