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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 19, 25, Nov 2, 3, 2011	2011_021111_0032	Complaint

**Licensee/Titulaire de permis**

REGIONAL MUNICIPALITY OF DURHAM  
605 Rossland Road East, WHITBY, ON, L1N-6A3

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

HILLSDALE TERRACES  
600 Oshawa Blvd. North, OSHAWA, ON, L1G-5T9

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

LYNDA BROWN (111)

**Inspection Summary/Résumé de l'inspection**

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

During the course of the inspection, the inspector(s) spoke with the acting Administrator, the Director of Care (DOC), the Administrative Assistant, one Registered Practical Nurse (RPN), two Personal Support Workers (PSW), the resident and the family of the resident.

During the course of the inspection, the inspector(s) observation of the resident, observation of five resident rooms, observation of dining service, review of the residents health records and review of the homes records.

The following Inspection Protocols were used during this inspection:

Dining Observation

Medication

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

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

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Legendé</b>  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 O.Reg 79/10, s. 101. Dealing with complaints**
**Specifically failed to comply with the following subsections:**

- s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:**
- 1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately.**
  - 2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.**
  - 3. A response shall be made to the person who made the complaint, indicating,**
    - i. what the licensee has done to resolve the complaint, or**
    - ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).**

**Findings/Faits saillants :**

1. A complaint letter was received by the home for an identified resident and no response was provided in writing to the complainant within 10 days of receipt.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 103. Complaints — reporting certain matters to Director**
**Specifically failed to comply with the following subsections:**

- s. 103. (2) The licensee shall comply with subsection (1) immediately upon completing the licensee's investigation into the complaint, or at an earlier date if required by the Director. O. Reg. 79/10, s. 103 (2).**

**Findings/Faits saillants :**

1. A complaint letter was submitted to the home for an identified resident and there was no indication an investigation was completed or submitted to the Director related to this complaint.

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 120. Responsibilities of pharmacy service provider**

Every licensee of a long-term care home shall ensure that the pharmacy service provider participates in the following activities:

1. For each resident of the home, the development of medication assessments, medication administration records and records for medication reassessment, and the maintenance of medication profiles.
2. Evaluation of therapeutic outcomes of drugs for residents.
3. Risk management and quality improvement activities, including review of medication incidents, adverse drug reactions and drug utilization.
4. Developing audit protocols for the pharmacy service provider to evaluate the medication management system.
5. Educational support to the staff of the home in relation to drugs.
6. Drug destruction and disposal under clause 136 (3) (a) if required by the licensee's policy. O. Reg. 79/10, s. 120.

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**Findings/Faits saillants :**

1. An identified resident at risk for adverse drug reaction did not have the medication health records updated as required by the pharmacy service provider.

***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 any resident with new allergies identified have the allergies clearly identified on the monthly medication administration record, the quarterly medication review and the physicians orders, to be implemented voluntarily.***

Issued on this 3rd day of November, 2011

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