Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

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

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 22, 2015	2015_365194_0008	O-001942-15, O-001306-14	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

CHANTAL LAFRENIERE (194)

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): April 13, 14, 15,16 and 17, 2015

Two complaints logs were reviewed in this inspection; Log #O-001306-14, #O-001942-15

During the course of the inspection, the inspector(s) spoke with Administrator, Administrative Assistant, Director of Care (DOC), Resident Care coordinator(RCC), Registered Nurse (RN), Registered Practical Nurse(RPN), Personal Support Worker (PSW), Front Desk Receptionist and Resident.

Also reviewed in the inspection was video clips, complaint log, clinical health record of identified Resident and observation of staff to resident provision of care

The following Inspection Protocols were used during this inspection:
Personal Support Services
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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). 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 LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to immediately forward three written complaints that have been received concerning the care of a resident or the operation of the home to the Director

Three complaint letters were received dated October 22, 2014, March 6 and March 15, 2015 outlining concerns related to Resident #1's care at the home.

The Administrator and Administrative Assistant were interviewed to determine when the complaint letters were sent to the Director. The inspector was informed that the home did not forward letters of complaint from this complainant to the Director explaining that complaint letters were received in an e-mail, confirming that Centralized Intake and Triage Team (CIATT) had been forwarded a copy of the complaint. The Administrator and Administrative Assistant informed the inspector that it was their understanding that forwarding copies of the letters would have been duplication of material already received. [s. 22. (1)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that one written complaint made to the licensee concerning the care of a resident or operation of the home has a response provided within 10 business days of the receipt of the complaint.

The licensee received a complaint letter by e-mail October 22, 2014 related to the use of equipment for Resident #1. A response to the complaint was not provided until December 4, 2014.

During an interview with the Administrator it was explained that a response letter to the complainant was delayed because of the circumstances involving emergency responses to admission of resident's from a sister home at the time. [s. 101. (1) 1.]

Issued on this 29th day of May, 2015

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

Original report signed by the inspector.