

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
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
Jan 10, 2020	2020_694166_0002	018584-19, 000260-20	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

CAROLINE TOMPKINS (166), 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): January 2 and January 6, 7, 2020

The following intakes, related to a bed refusal and to the management of responsive behaviours were inspected.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Social Worker (SW), the CELHIN, Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker, Resident Care Coordinator (RCC) and the Behavioural Support Ontario staff members (BSO).

During the course of this inspection the Inspectors reviewed clinical health records, observed residents and responsive behaviour

During the course of this inspection , the Inspector reviewed, the applicant's behavioural assessments and the licensee's correspondence to the applicant and the CELHIN.

The following Inspection Protocols were used during this inspection:

Admission and Discharge

Responsive Behaviours

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 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 LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home

Specifically failed to comply with the following:

- s. 44. (9) If the licensee withholds approval for admission, the licensee shall give to persons described in subsection (10) a written notice setting out,**
- (a) the ground or grounds on which the licensee is withholding approval; 2007, c. 8, s. 44. (9).**
 - (b) a detailed explanation of the supporting facts, as they relate both to the home and to the applicant's condition and requirements for care; 2007, c. 8, s. 44. (9).**
 - (c) an explanation of how the supporting facts justify the decision to withhold approval; and 2007, c. 8, s. 44. (9).**
 - (d) contact information for the Director. 2007, c. 8, s. 44. (9).**

Findings/Faits saillants :

1. The Director received a complaint from the CELHIN related to a bed refusal challenge for an applicant whose application for admission to this home had been denied.

Review of the response letter to the applicant, copied to the CELHIN and verified during separate interviews with the Director of Care and the Social Worker, indicated that the licensee had cited the following reasons for the bed refusal:

1. The Home lacks the physical facilities necessary to meet the needs of the applicant's requirements;
2. The staff of the Home lack the nursing expertise necessary to meet the applicant's care requirements.

The licensee's clarification of the reasons for withholding the approval, was the applicant's initial behavioural assessment.

A second behavioural assessment was completed. Review of the second behavioural assessment, indicated, the applicant's responsive behaviours had reduced and a plan of care had been developed and implemented to manage the applicant's responsive behaviours.

The documented evidence provided by the licensee did not support how the home lacked the nursing expertise or did not have the necessary resources to meet the applicant's care requirements.

The licensee has failed, when withholding approval for admission, to give the applicant, a detailed explanation of the supporting facts, as they related both to the home and to the applicant's condition, care requirements and an explanation of how the supporting facts justify the decision to withhold approval for admission from this applicant. [s. 44. (9)]

Issued on this 13th day of January, 2020

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

Original report signed by the inspector.