Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Mar 31, 2014	2014_270531_0006	000099-14	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

SUSAN DONNAN (531)

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): March 15th and 16th, 2014

During the course of the inspection, the inspector(s) spoke with Personal Support Workers, a Registered Practical Nurse,a Registered Nurse, a Resident Care Coordinator, a Physiotherapist, a Occupational Therapist,the Director of Care and the Administrator.

During the course of the inspection, the inspector(s) toured the home, reviewed Resident Health Records, including consult records from external agencies.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management
Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee has failed to comply with the LTCHA 2007, c. 8, s.6(5) to ensure that the resident's substitute decision-maker was given an opportunity to participate fully in the development and implementation with the Resident's plan of care as it pertains to maintaining continence.

On March 15th, and 16th, 2014 interviews with the Occupational Therapist, the Physiotherapist, Resident Care Coordinator, and the Director of Care confirm that the Substitute Decision Maker discussed Resident #3's plan of care as it related to the use of incontinence products as opposed to transferring to a commode using a mechanical lift to maintain continence.
There is no documentation on the complaint log, the family conference notes or in the care plan to support that the Substitute Decision Maker's request was considered in the development and implementation of the Resident's plan of care.
On March 16th, 2014 an interview with the Resident Care Coordinator confirmed that the Substitute Decision Maker's request was not acted upon to maintain continence as there was no assessment provided to transfer by mechanical lift to commode. [s. 6. (5)]

Issued on this 1st day of April, 2014

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