



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 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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 20, 2019	2019_541169_0005	030461-18, 000075-19	Complaint

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**Licensee/Titulaire de permis**

St. Joseph's Health System  
50 Charlton Avenue East Room M146 HAMILTON ON L8N 4A6

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

St. Joseph's Lifecare Centre  
99 Wayne Gretzky Parkway BRANTFORD ON N3S 6T6

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

YVONNE WALTON (169)

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

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

**This inspection was conducted on the following date(s): January 23, 24, 25, 28, 30, 31, February 1, 11, 15, 16, 17, 19, 2019**

**The following complaint intake was completed 000075-19 related to nutrition and hydration, plan of care, and fall prevention.**

**Refer to critical incident inspection # 2019\_573581\_0002 / 029525-17, 029754-17, 025347-18 related to falls prevention.**

**During the course of the inspection, the inspector observed care and meal service, reviewed clinical records, reviewed policies and procedures and minutes of meetings.**

**During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Assistant Director of Care (ADOC), Registered Care Co-ordinator (RCC), Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping staff, Dietary Aides, Registered Dietitian (RD), Behaviour Support Ontario (BSO), Resident Care Manager (RCM), residents and families.**

**The following Inspection Protocols were used during this inspection:**

**Falls Prevention**

**Nutrition and Hydration**

**Pain**

**Responsive Behaviours**

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

**2 WN(s)**

**2 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. 6. Plan of care**



Specifically failed to comply with the following:

- s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**
- (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**
- (b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.

The clinical team, including the BSO, nursing staff and the physician, did not collaborate with each other in the assessment of resident #001 plan of care.

The lack of collaboration was confirmed by the clinical notes identified in Point Click Care (PCC) and by interview with the ADOC.

The staff and others involved in the different aspects of care of the resident did not collaborate with each other in the assessment of resident #001 plan of care.

***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 that ensures that the staff and others involved in the different aspects of care of the resident collaborate with each other, (a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care**



Specifically failed to comply with the following:

- s. 26. (4) The licensee shall ensure that a registered dietitian who is a member of the staff of the home,**
- (a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and O. Reg. 79/10, s. 26 (4).**
  - (b) assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the registered dietitian who is a member of the staff of the home, (b) assessed the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4). A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: 14. Hydration status and any risks relating to hydration.

During an interview with the Registered Dietitian in February 2019, the RD confirmed the lack of assessment related to the hydration status of the resident.

A review of the fluid balance sheets, progress notes and the plan of care confirmed the resident demonstrated a pattern of suboptimal fluid intake.

The licensee has failed to ensure that the registered dietitian who is a member of the staff of the home, assessed the hydration status and any risks relating to hydration for resident #001. [s. 26. (4) (a),s. 26. (4) (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 that ensures that a registered dietitian who is a member of the staff of the home assesses the matters referred to in paragraphs 13 and 14 of subsection (3). O. Reg. 79/10, s. 26 (4). s. 26 (3) 14. Hydration status and any risks relating to hydration, to be implemented voluntarily.***



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**Issued on this 20th day of March, 2019**

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

**Original report signed by the inspector.**