



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

**Rapport d'inspection  
prévue le Loi de 2007  
les foyers de soins de  
longue durée**

**Ministry of Health and Long-Term Care**  
Health System Accountability and Performance Division  
Performance Improvement and Compliance Branch

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système de santé  
Direction de l'amélioration de la performance et de la  
conformité

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<b>Date(s) of inspection/Date de l'inspection</b>	<b>Inspection No/ d'inspection</b>	<b>Type of Inspection/Genre d'inspection</b>
August 31, September 1, 2010	2010_141_9562_31Aug121633	Complaint H-00341
<b>Licensee/Titulaire</b>		
The Regional Municipality of Peel 110 Peel Centre Drive, Brampton, Ontario, L6T 4B9		
<b>Long-Term Care Home/Foyer de soins de longue durée</b>		
Peel Manor 525 Main Street North, Brampton, Ontario, L6X 1N9		
<b>Name of Inspector(s)/Nom de l'inspecteur(s)</b>		
Sharlee McNally, Compliance Inspector – Nursing #141		
<b>Inspection Summary/Sommaire d'inspection</b>		
<p>The purpose of this inspection was to conduct a complaint inspection related to resident care.</p> <p>During the course of the inspection, the inspector spoke with: Director of Care, registered staff</p> <p>During the course of the inspection, the inspector: reviewed resident records, home's policy for pain management, palliative – end of life care for residents</p> <p>The following Inspection Protocols were used during this inspection: Pain Personal Support Services</p> <p><input checked="" type="checkbox"/> Findings of Non-Compliance were found during this inspection. The following action was taken: 4 WN</p>		

**NON- COMPLIANCE / (Non-respectés)**
**Definitions/Définitions**

**WN** – Written Notifications/Avis écrit  
**VPC** – Voluntary Plan of Correction/Plan de redressement volontaire  
**DR** – Director Referral/Régisseur envoyé  
**CO** – Compliance Order/Ordres de conformité  
**WAO** – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

**WN #1: The Licensee has failed to comply with the Long-Term Care Homes Program Manual Standards and Criteria**

**B2.4: Each resident's plan of care shall reflect his/her current strengths, abilities, preferences, needs, goals, safety/security risks, and decisions including advance directives provided by the resident or any substitute decisions provided by the lawfully authorized person. The plan of care shall give clear directions to staff providing care.**

**Findings:**

1. An identified resident's written plan of care was not current to resident's needs related to pain, activities of daily living, and dietary risks and thereby did not provide clear directions to staff.
2. An identified resident on palliative care did not have referrals to dietary, programs and services, social work, or the palliative care team to develop a plan of care with interventions to direct staff in providing palliative care needs.

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**WN #2: The Licensee has failed to comply with the Long-Term Care Homes Program Manual Standards and Criteria**

**B1.6: Each resident's care and service needs shall be reassessed at least quarterly and whenever there is a change in the resident's health status, needs or abilities.**

**Findings:**

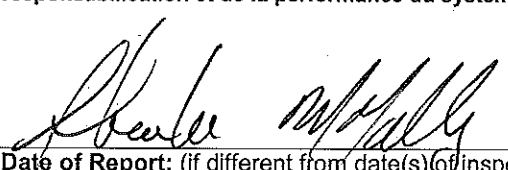
1. An identified resident with significant change in health status after hospitalization did not have a reassessment of care and service needs completed.

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**WN #3: The Licensee has failed to comply with the Long-Term Care Homes Program Manual Standards and Criteria**

**C1.17: Each resident shall receive medication and treatment as ordered by the physician, unless the resident refuses.**

<b>Findings:</b>	
1. Two physician orders, for an identified resident receiving pain medication, were transcribed incorrectly by registered staff causing the resident to receive the medication at an altered frequency than prescribed.	
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<b>WN #4:</b> The Licensee has failed to comply with the <b>Long-Term Care Homes Program Manual Standards and Criteria</b>	
<b>C1.20:</b> Each resident's response to PRN medications and treatments shall be monitored, evaluated and documented.	
<b>Findings:</b>	
1. Evaluation of effectiveness medication administered as needed for an identified resident for was not documented consistently for each administration.	
<b>Inspector ID #:</b>	#141

<b>Signature of Licensee or Representative of Licensee</b> Signature du Titulaire du représentant désigné		<b>Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.</b>	
			
<b>Title:</b>	<b>Date:</b>	<b>Date of Report:</b> (if different from date(s) of inspection).	
		