



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**

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**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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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
Feb 5, 2014	2014_207147_0003	H-000394-13 AND H-000714-13	Complaint

Licensee/Titulaire de permis

THE REGIONAL MUNICIPALITY OF PEEL
10 PEEL CENTRE DRIVE, BRAMPTON, ON, L6T-4B9

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

PEEL MANOR
525 MAIN STREET NORTH, BRAMPTON, ON, L6X-1N9

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

LALEH NEWELL (147)

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 21, 22, 23, 24
and 27, 2014**

H-000714-13

H-000394-13

During the course of the inspection, the inspector(s) spoke with Administrator, Supervisor of Care (SOC), Registered staff, Behavioural Support Nurse, Personal Support Workers (PSW), Resident Assessment Instrument (RAI) Coordinator, residents and family.

During the course of the inspection, the inspector(s) reviewed clinical records, home's internal investigation notes, staff personnel files, staff mandatory training schedule, home's policy and procedure related to Responsive Behaviours, Treatment of Seizures, Falls Management, Minimal Lift Program and manufacturers' instruction related to the use of bath chairs.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Personal Support Services

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.



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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>Legendé</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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :



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1. The licensee failed to ensure that the care set out in the plan of care for resident #103 was provided to the resident as specified in the plan.

Review of resident #103's plan of care indicated the resident requires total dependence with two persons physical assistance for personal care and transferring. Interview with staff confirmed that the plan of care set out for the resident specifies that there is always to be two person for safety during all transfers and personal care.

Review of the home's investigation notes and interview with the psw and the registered staff confirmed in October 2013 that while providing personal care to resident #103, the resident was transferred by two psws, one psw continued to provide care to the resident alone. The resident was then transferred back without the assistance of a second staff member. The resident subsequently fell and sustained an injuries. [s. 6. (7)]

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 to ensure that the care set out in the plan of care for resident are provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 23. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions. O. Reg. 79/10, s. 23.

Findings/Faits saillants :



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1. The licensee failed to ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

Review of the home's operating and product care instruction for the Alenti - bath chair, indicated that the staff are to always use the seat belt for safety, to fasten the clip on the rear driving handle and to tighten the safety belt while providing care to the resident in the bath chair.

Interview with the psw, the registered staff and review of the home's internal investigation indicated that the psw did not apply the seat belt to the resident while the resident was on the bath chair. Therefore, the staff did not apply the seat belt to resident #103 while the resident was on the bath chair as per manufacturers' instructions. [s. 23.]

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 ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions, to be implemented voluntarily.

Issued on this 5th day of February, 2014

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

Leah Newell