



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

**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
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Direction de l'amélioration de la
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 5, 2015	2015_261522_0003	009349-14	Complaint

Licensee/Titulaire de permis

REGENCY LTC OPERATING LP ON BEHALF OF REGENCY
100 Milverton Drive Suite 700 MISSISSAUGA ON L5R 4H1

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

THE WESTMOUNT
200 David Bergey Drive KITCHENER ON N2E 3Y4

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

JULIE LAMPMAN (522)

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 8, 2014.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Clinical Services, a Registered Practical Nurse, a Personal Support Worker Co-ordinator, a Personal Support Worker, a Family Member and a Resident.

The Inspector also reviewed the home's policies and procedures, the home's Complaint Log, resident clinical records, observed the provision of resident care and resident/staff interactions.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

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

4 WN(s)

4 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>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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



Findings/Faits saillants :

1. The licensee has failed to ensure the resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

Observation of Resident #1 revealed the resident was wearing upper dentures and no lower dentures.

Interview with Resident #1's Family Member and review of the Resident's progress notes revealed the Resident's lower dentures were missing.

Review of the Resident's care plan revealed interventions related to the Resident having loose lower dentures. This was confirmed by a Registered Practical Nurse.

Interview with the Director of Clinical Services confirmed the Resident's plan of care should have been updated to reflect the resident no longer wore lower dentures.

The Director of Clinical Services confirmed the expectation that the Resident's plan of care is to be reviewed and revised when the Resident's care needs change. [s. 6. (10) (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 to ensure the resident is reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with.

Observation of Resident #1 revealed the resident was wearing upper dentures and no lower dentures.

Interview with Resident #1's Family Member and review of the Resident's progress notes revealed the Resident's lower dentures were missing.

Review of the Dietary MDS Supplement revealed "the resident has full upper and lower dentures." This was confirmed by a Registered Practical Nurse.

Review of home's Dietary Referral policy #LTC-FNS-E-02 revealed:
"Effective communication of resident information will happen in a timely manner to the Food and Nutrition manager and/or the Registered Dietitian. The need for a nutrition intervention from the Food Service Department may be identified by any member of the health care team. Upon identifying this need, the health professional will complete a Dietary Referral progress note."

Review of the Resident's clinical record revealed the absence of communication to the Dietitian or a dietary referral related the loss of the Resident's lower dentures. This was confirmed by a Registered Practical Nurse.

Interview with the Director of Clinical Services confirmed the expectation that the Registered Staff make a referral to the Dietician related to the loss of the Resident's lower dentures.

The Director of Clinical Services confirmed the expectation the home's Dietary Referral policy is complied with. [s. 8. (1) (a),s. 8. (1) (b)]



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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 the home's Dietary Referral policy is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,

(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and O. Reg. 79/10, s. 37 (1).

(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits saillants :



1. The licensee failed to ensure the resident has their personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission.

Interview with Resident #1's Family Member revealed that the Resident's dentures were never labelled when the Resident was admitted to the home. The Resident's lower dentures were currently missing.

Observation of Resident #1's upper dentures with the Resident's Family Member revealed the Resident's upper dentures are still not labelled.

Review of the home's PSW-New Admission Labelling Checklist for Resident #1 revealed the absence of documentation related to the labelling of the Resident's dentures.

Interview with the Personal Support Worker Coordinator confirmed that the Resident's dentures were not labelled upon admission.

Interview with the Director of Clinical Services confirmed the expectation that all resident personal care items including dentures are to be labelled within 48 hours of admission.
[s. 37. (1) (a)]

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 the resident has their personal items, including personal aids such as dentures, glasses and hearing aids, labelled within 48 hours of admission, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints



Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

1. The complaint shall be investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, and where the complaint alleges harm or risk of harm to one or more residents, the investigation shall be commenced immediately. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home has been investigated, resolved where possible, and a response provided within 10 business days of receipt of the complaint.

Interview with Resident #1's Family Member and review of the Resident's progress notes revealed the Resident's Family member reported a complaint to the Charge Nurse on a specified date.

Review of the home's Complaint Log with the Director of Clinical Services (DCS) revealed the absence of documentation related to the Family Member's complaint. The complaint was not logged until the Resident's Family Member complained to the DCS.

Interview with the Director of Clinical Services confirmed that when the Registered staff received the verbal complaint that it should have been logged on the home's complaint sheet in the home area and submitted to the Administrator and from there it would be logged onto the home's complaint log for investigation.

Interview with the Administrator confirmed the expectation that every verbal complaint made to a staff member concerning a resident is investigated. [s. 101. (1) 1.]



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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 every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home has been investigated, resolved where possible, and a response provided within 10 business days of receipt of the complaint, to be implemented voluntarily.

Issued on this 5th day of February, 2015

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

Original report signed by the inspector.