



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

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **Public Copy/Copie du public**

---

<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jan 19, 2015	2014_343585_0026	H-000285-14	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 BRANT CENTRE  
1182 NORTHSORE BLVD. EAST BURLINGTON ON L7S 1C5

---

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

LEAH CURLE (585)

---

## **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): December 22, 2014**

**During the course of the inspection, the inspector(s) spoke with a resident, family, Registered nursing staff, unregistered nursing staff, a physiotherapist, a physiotherapist assistant, and the Director of Care.**

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



## Personal Support Services

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

1 WN(s)  
0 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 failed to ensure that the substitute decision maker was provided the opportunity to participate fully in the development and implementation of resident #001's plan of care regarding physiotherapy treatment.

Resident #001 was admitted to the home in December 2013. A review of clinical documentation indicated the resident was assessed by a physiotherapist on an unspecified date in December 2013. The treatment plan included interventions to initiate. Documentation on the home's 'Physiotherapist Tracking Log' indicated that physiotherapy treatment was initiated on a later date in December 2013. The substitute decision maker reported they were not aware of initial treatments being provided to the resident. The resident was interviewed and was unable to verify whether or not they provided consent for the initial treatment. Clinical documentation including the physiotherapist's assessment, progress notes, and the physiotherapy department's communications log did not indicate the substitute decision maker provided consent for the initial assessment and treatment plan of physiotherapy. A physiotherapist confirmed consent was required prior to initiating treatment. [s. 6. (5)]



**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**

**Issued on this 23rd day of January, 2015**

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

**Original report signed by the inspector.**