



**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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 12, 2015	2015_360111_0002	O-001311-14	Complaint

Licensee/Titulaire de permis

COMMUNITY LIFECARE INC
1955 Valley Farm Road 3rd Floor PICKERING ON L1V 1X6

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

COMMUNITY NURSING HOME (PICKERING)
1955 VALLEY FARM ROAD PICKERING ON L1V 3R6

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

LYNDA BROWN (111)

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): November 19, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator

**The following Inspection Protocols were used during this inspection:
Admission and Discharge**



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 O.Reg 79/10, s. 148. Requirements on licensee before discharging a resident

Specifically failed to comply with the following:

s. 148. (2) Before discharging a resident under subsection 145 (1), the licensee shall,

(a) ensure that alternatives to discharge have been considered and, where appropriate, tried; O. Reg. 79/10, s. 148 (2).

(b) in collaboration with the appropriate placement co-ordinator and other health service organizations, make alternative arrangements for the accommodation, care and secure environment required by the resident; O. Reg. 79/10, s. 148 (2).

(c) ensure the resident and the resident's substitute decision-maker, if any, and any person either of them may direct is kept informed and given an opportunity to participate in the discharge planning and that his or her wishes are taken into consideration; and O. Reg. 79/10, s. 148 (2).

(d) provide a written notice to the resident, the resident's substitute decision-maker, if any, and any person either of them may direct, setting out a detailed explanation of the supporting facts, as they relate both to the home and to the resident's condition and requirements for care, that justify the licensee's decision to discharge the resident. O. Reg. 79/10, s. 148 (2).

Findings/Faits saillants :



The licensee has failed to ensure that before discharging a resident under subsection 145(1), the licensee collaborated with the appropriate placement co-ordinator and other health service organizations, to make alternative arrangements for the accommodation, care and secure environment required by the resident.

On a specified date, Resident#1 was transferred to hospital on a Form 1 for psychiatric assessment. A complaint was received from the substitute decision maker(SDM) the same day as the SDM indicated the home had called to inform the SDM the resident was being discharged. The inspector interviewed the Administrator, Social Worker, and DOC who indicated the resident was initially discharged in error due to mis-communication. The SDM was then notified by the home that the resident was not discharged, just on psychiatric leave.

Twelve days later, an email was received by the Inspector from the SDM regarding a second complaint from the SDM indicating the home had submitted a letter(dated 7 days earlier)to the SDM discharging the resident(again). The resident was still in hospital on psychiatric leave. Review of the discharge letter had no indication the placement coordinator was contacted/consulted regarding the discharge.

The same day, the Administrator was contacted for an off-site telephone interview. The Administrator indicated the home consulted with psychiatric services and the Medical Director for the home regarding the resident's responsive behaviours and risk of injury to staff, and decided to discharge the resident. The Administrator indicated he contacted the placement coordinator to inform them the resident was being discharged. This did not demonstrate collaboration with placement coordinator for accommodation and or care, nor were the resident or the resident's substitute decision maker (s) given an opportunity to participate in the discharge planning process.



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Issued on this 12th day of February, 2015

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

Original report signed by the inspector.