



**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**

**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
Sep 18, 2013	2013_214146_0047	H-000442- 13,H-000216 -13	Complaint

Licensee/Titulaire de permis

**THE REGIONAL MUNICIPALITY OF NIAGARA
2201 ST. DAVID'S ROAD, THOROLD, ON, L2V-4T7**

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

**LINHAVEN
403 Ontario Street, St. Catharines, ON, L2N-1L5**

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

BARBARA NAYKALYK-HUNT (146)

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): August 29, September 5, 10, 11, 12, 2013

This complaint inspection was conducted concurrently with 2 follow-up inspections H-000089-12, H-000403-13; 2 critical incident inspections H-000547-13, H-000189-13 and 2 complaint inspections H-000323-13, H-000480-13.

During the course of the inspection, the inspector(s) spoke with the administrator, Director of Care (DOC), Associate Director of Care (ADOC), social worker, registered staff, Personal Support Workers (PSW's), residents and family members.

During the course of the inspection, the inspector(s) reviewed resident health records, observed specific resident interactions, reviewed policy and procedures related to responsive behaviour management and complaint processes and reviewed the home's notations related to the transfers of residents from the Regatta unit to accommodate the new convalescent care beds.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités



<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>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>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
 - (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

- 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 :



1. The plan of care did not provide clear directions to staff and others who provided direct care:

a. Resident #300's plan of care directed staff to toilet routinely as per the POC (Point of Care) schedule and as needed. The DOC confirmed that there was no schedule in POC.

b. The plan of care for resident #600 directed staff, under the focus of toileting, to toilet routinely before and/or after meals, at bedtime and as needed. However, under the focus of urinary incontinence, staff were directed to no longer put her on the toilet or commode. Then, under the focus of ineffective coping, staff were directed to toilet routinely before and/or after meals, at bedtime and as needed.

c. The plan of care for resident #002, under the focus of safety, directed staff to elevate the head of the bed to 30 degrees when resident in bed to prevent aspiration. However, under the focus of nursing restorative care directed staff to keep the head of the bed flat as tolerated to reduce friction and shearing. The same resident's plan of care directed staff to toilet the resident before and/or after meals, at bedtime and as needed. The same plan of care directed staff to no longer toilet the resident.

This information was confirmed by the health record and the DOC. [s. 6. (1) (c)]

2. The care set out in the plan of care has not been provided as specified in the plan. In July 2013, a specific diagnostic test was ordered by the physician. The physician made a note in the resident's progress record that stated the test was scheduled for a certain date in August. The DOC confirmed that the home did not send the resident for the test. [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 plan of care provides clear directions to staff and others who provide direct care; and, to ensure that care set out in the plan of care is provided as specified in the plan, to be implemented voluntarily.



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Issued on this 3rd day of October, 2013

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

JANISKA NAYKALIK-HAMF