Ontario

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

Rapport d'inspection prévue le *Loi de 2007 les foyers de soins de longue durée*

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
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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☐ **Licensee Copy/Copie du Titulaire** ☒ **Public Copy/Copie Public**

Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
Nov 24, 26, 2010	2010-173-2706-24Nov094904	Complaint Log # H01922

Licensee/Titulaire
Deem Management Services Limited.
2 Queen St. East, Suite 1500, Toronto, Ontario M5C 3G5

Long-Term Care Home/Foyer de soins de longue durée
Hamilton Continuing Care
125 Wentworth St. South, Hamilton, Ontario L8N 2Z1

Name of Inspector(s)/Nom de l'inspecteur(s)
Lesa Wulff – LTC Inspector – Nursing. #173

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Financial Manager, Registered staff, Personal Support workers (PSW's), residents, family members, PSW students.

During the course of the inspection, the inspector: Observed residents and staff, reviewed policy and procedure, reviewed clinical health records, reviewed internal investigation.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy Inspection Protocol

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

1 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. 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 suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée. Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA 2007, S.O. 2007 c.8, s3(1)1
Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
(1) Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.

Findings:

1. The licensee failed to treat the resident with dignity and respect in relation to the following:
2. An identified resident received two visits from police in a 4 month period. The first visit was to deliver distressing news to the resident and the second to interview the resident related to an internal matter. The home did not speak to or prepare the resident related to the second visit by the police in light of the previous visit to deliver distressing news. The resident told family that the second visit was frightening as the resident thought that the police were there to deliver bad news again.

Inspector ID #:	173

Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.**
Title: **Date:**	**Date of Report:** (if different from date(s) of inspection).