



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

**Rapport d'inspection
prévus 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

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

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☐ Licensee Copy/Copie du Titulaire			☒ Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection Nov 24,26,2010	Inspection No/ d'inspection 2010-173-2706-24Nov094709	Type of Inspection/Genre d'inspection Complaint H01844 Infoline #IL-14922-HA	
Licensee/Titulaire Deem Management Services Limited 2 Queen St. E. Suite 1500, Toronto, Ontario M5C 3G5			
Long-Term Care Home/Foyer de soins de longue durée Hamilton Continuing Care 125 Wentworth St. S, 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, Finance Manager, Registered Staff, Personal Support Workers (PSW's), residents and resident families.			
During the course of the inspection, the inspector: Reviewed policy and procedure, reviewed clinical health records, observed care			
The following Inspection Protocols were used during this inspection: Responsive Behaviours Inspection Protocol			
☒ Findings of Non-Compliance were found during this inspection. The following action was taken: 2 WN 1 VPC			

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 O.Reg 79/10, s8(1)(b)

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 (b) is complied with

Findings:

1. **The Licensee failed to comply with internal policy called Aggressive Behaviour Prevention and Management in relation to the following:**
2. Policy indicates that staff are to assess the resident, develop a specific plan of care to reduce behaviours, call interdisciplinary conferences and include family to plan for care, provide support mechanisms for staff, and evaluate approaches/interventions for success. Assessments were not found in the clinical health record for an identified resident that identified possible causes/triggers for behaviours. Resident and family have not been involved in planning of care. Support and training have not been provided to staff in spite of clear communication concerns and distress of the staff when dealing with an identified resident. Specific interventions have not been developed for the plan of care that provide clear direction to staff who provide care. Evaluation of approaches/interventions for success have not been conducted to date.

Inspector ID #: 173

WN #2: The Licensee has failed to comply with O.Reg 79/10 s.53(1)

Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours.

(1) Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other.

Findings:

- 1. The licensee has failed to provide written approaches to care that include screening protocols, assessment, reassessment and identification of behavioural triggers in relation to the following:**
2. An identified resident has not been assessed for causes of responsive behaviours or had triggers for behaviours identified. Home has not developed interventions to reduce behaviours in the plan of care. The resident's family has not been called to participate in planning of care, and the plan of care has not been evaluated for effectiveness.
3. An identified resident has expressed that certain staff are not responsive, which causes the resident anger. The home has not addressed this concern. An identified resident has expressed losses, anger, and frustration to both family and staff. This has not been taken into account in planning of care and supports implemented as required. Personality traits of an identified resident have not been considered in planning for successful care.
4. An identified resident has expressed ongoing concerns related to pain control. Since admission to the home, this resident states that his pain has not been well controlled. This has not been identified as a trigger to responsive behaviour with interventions to reduce and control pain.

Inspector ID #:

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 related to developing written approaches to care for responsive behaviors that include screening protocols, assessment, reassessment and identification of behavioural triggers, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la

