



**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**

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**Public Copy/Copie du public**

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b> | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|------------------------------------------------|-----------------------------------------------|--------------------------------|----------------------------------------------------|
| Jul 29, 2013                                   | 2013_179103_0036                              | O-000419-<br>13                | Complaint                                          |

**Licensee/Titulaire de permis**

**THE CORPORATION OF THE COUNTY OF HASTINGS  
1M Manor Lane, Box #758, BANCROFT, ON, K0L-1C0**

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

**HASTINGS MANOR HOME FOR THE AGED  
476 DUNDAS STREET WEST, P.O. BOX 458, BELLEVILLE, ON, K8N-5B2**

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

**DARLENE MURPHY (103)**

**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): July 22-25, 2013**

**During the course of the inspection, the inspector(s) spoke with Personal support workers, Registered Practical Nurses, Registered Nurses, Laundry staff, the Assistant Director of Nursing and the Administrator.**

**During the course of the inspection, the inspector(s) reviewed resident health care records, the home's complaint process, medication incident reports and the home's labelling process for clothing.**

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



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Accommodation Services - Laundry  
Continence Care and Bowel Management  
Falls Prevention  
Infection Prevention and Control  
Medication  
Personal Support Services  
Reporting and Complaints

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                                                                                                                                                                                                                                                                |
| 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.                                                                                                                                                                                        |



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**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).**

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**Findings/Faits saillants :**

1. The licensee has failed to comply with LTCHA, 2007 s. 6 (1) (c) whereby the written plan of care did not provide clear directions to staff and others who provide direct care to the resident.

A complaint was lodged by Resident #1's family indicating the resident's hair was being washed by staff the day following hairdressing appointments. They expressed concern that the money was being wasted and that the resident did not look nice to attend church.

Resident #1's plan of care in effect at the time of the complaint indicated under "Bathing", ensure hair is washed and nails are manicured on bathing day.

The resident bath sheet indicates the resident is bathed every Wednesday and Saturday. The Saturday bath dates indicate "do not wash hair".

The resident plan of care fails to provide clear directions to staff. [s. 6. (1) (c)]

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131.  
Administration of drugs**



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Specifically failed to comply with the following:

s. 131. (3) Subject to subsections (4) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse. O. Reg. 79/10, s. 131 (3).

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**Findings/Faits saillants :**

1. The licensee has failed to comply with O. Reg 79/10 s. 131 (3) whereby a person other than a physician, dentist, registered nurse or registered practical nurse administered a drug to a resident.

On an identified date, a student practical nurse administered the wrong medication to Resident #1. At the time of the incident, the student nurse was under the supervision of a Registered Practical Nurse. Blood work was ordered to monitor the outcome of the error and there was no negative effect on the resident as a result of the error. [s. 131. (3)]

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Issued on this 29th day of July, 2013

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

A handwritten signature in cursive script, appearing to read "Darlene Gough", written in black ink.