

**Ministry of Health
and Long-Term Care**

Health System Accountability and
Performance Division
Performance Improvement and Compliance Branch
Ottawa Service Area Office

347 Preston St., 4th Floor
Ottawa ON K1S 3J4
Telephone: 613-569-5602
Facsimile: 613-569-9670

**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
Bureau régional de services de Ottawa

347, rue Preston, 4^{ième} étage
Ottawa ON K1S 3J4
Téléphone: 613-569-5602
Télécopieur: 613-569-9670



November 8, 2010

Ms. Marcey Wilson
Administrator
Hillsdale Estates
590 Oshawa Blvd., North
Oshawa ON L1G 5T9

Dear Ms. Wilson:

Please find enclosed the ***Inspection Report-Public Copy*** for an inspection conducted on August 18 and 19, 2010 under the *Long-Term Care Homes Act, 2007* (LTCHA) for the purpose of ensuring compliance with requirements under the LTCHA.

This inspection report must be posted in the home, in a conspicuous and easily accessible location in accordance with the LTCHA, 2007, S.O. 2007, c.8, s.79 (1) and (2).

A copy of the ***Inspection Report-Public Copy*** must be made available without charge upon request. The report will also be on file with the Ottawa Service Area Office, Performance Improvement and Compliance Branch.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pat Powers".

Pat Powers
LTC Home Inspector – Nursing

c President, Resident's Council
President, Family Council



**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***

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conformité

☐ 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
August 18, 19, 2010	2010_157_9539_12Aug164849	Complaint Log #0-000119

Licensee/Titulaire

Regional Municipality of Durham, 605 Rossland Rd. East, Whitby, ON L1N 6A3 Fax: (905)668-1567

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

Hillsdale Estates, 590 Oshawa Blvd. North, Oshawa, ON L1G 5T9 Fax: (905) 579-4420

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

Pat Powers #157, Caroline Tompkins #166

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection related to concerns about resident care communicated in writing from an anonymous source.

During the course of the inspection, the inspectors spoke with the Administrator, the Director of Care (DOC), Resident Care Coordinator (RCC), Registered Nurse (RN), Registered Practical Nurse(RPN), Personal Support Workers (PSW) and residents.

During the course of the inspection, the inspectors observed the provision of resident care on all units, resident hygiene and grooming, meal service, staff:resident interactions, resident clinical records (daily flow sheets, care plans), written directives to PSW's for "Golden Pond Early AM Care" .

The following Inspection Protocols were used during this inspection:

Personal Support Services
Nutrition and Hydration

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

4 WN
4 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, Section 26(3)21:

(3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

21. Sleep patterns and preferences

Findings:

1. August 19, 2010 – An unsigned written directive entitled "Golden Pond Early AM Care", to staff on the third floor, indicates a list of nine residents who are to be provided baths and morning care between 0600 and 0700 hours:
 Written directive states, "The following residents are to receive AM care between 0600 and 0700" and states "This list is to be adhered to daily. It is not to be changed without the consent of the F/T day RN and F/T night RPN."
2. Charge RPN on the third floor, Golden Pond unit, confirmed that these residents are selected according to staffing needs and not according to resident sleep/wake time preferences.
3. Plans of care for the identified residents do not provide an assessment of sleep patterns and preferences.
4. Facility policy number: NUR-04-06-02 "Personal Care and Bathing" states the following procedure:
 "No tub baths are to be done before breakfast"

Inspector ID #: #157 and #166

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 sleep patterns and preferences for the identified residents are adhered to. This plan to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, Section 8(1)(b):

8. (1) 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,
- (a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and
 - (b) is complied with.

Findings:

1. Resident flow sheets reviewed on Golden Pond, third floor, indicate the following in relation to the provision of baths/showers from August 1 - August 18, 2010:
Documentation for five residents reviewed did not indicate that a bath or shower was completed or refused at a minimum, twice a week.
2. Facility policy number: NUR-04-06-02 "Personal Care and Bathing" states the following procedure:
"Document on resident flow sheet that the bath is completed or refused."

Inspector ID #: #157 and #166

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 established policies and procedures for documentation of resident baths are complied with. This plan is to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg. 79/10, Section 35(2):

Foot care and nail care

35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

Findings:

August 19, 2010 a resident was observed to have long, dirty fingernails.

1. There is no evidence in the plan of care to indicate aggressive behaviours that would prevent staff from providing nail care and no direction provided to staff to manage or prevent these behaviours. PSW staff are unable to verbalize any known strategies to manage or prevent behaviours.
2. There is no documentation on the plan of care to provide direction for the resident's nail care needs or preferences.
3. Facility policy number: NUR-04-06-02 "Personal Care and Bathing" states that "Each resident shall receive individualized personal care, including hygiene and grooming, on a daily basis", "Personal care can mean bathing, hair care, shaving, mouth care, nail care, denture care, perineal care (male and female) and toileting"

Inspector ID #: #157 and #166

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 this resident receives fingernail care. This plan is to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg. 79/10, Section 40:

40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear.

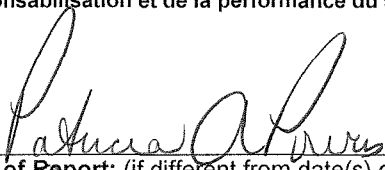
Findings:

1. On August 16, 2010 at 1700 hours, two residents were observed in the second floor dining room for supper attired in hospital gowns and sweaters/housecoats and were unable to verbalize their preferences.
2. PSW's interviewed on the following units -Apple Blossom Way, Moonlit Bay, Golden Pond, Honey Harbour, Willow Way, Blueberry Hill, Strawberry Field and Lavender Lane - reported that residents in the dining room clothed in night attire had received their evening baths and it was preferred by staff not to dress/undress the residents twice.
3. August 18, 2010 – A resident on the third floor, Golden Pond unit, was observed to be attired in a hospital gown and sweater, in the dining at 1700 hrs for supper. PSW staff confirmed that this resident had been attired in a hospital gown all day because he was aggressive and resistive to care. There is no evidence in the plan of care to indicate aggressive behaviours that would prevent staff from providing care and no direction provided to staff to manage or prevent these behaviours.
PSW staff are unable to verbalize any known strategies to manage or prevent behaviours.

Inspector ID #: #157 and #166

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 these residents are dressed appropriately, suitable to the time of day. This plan is to be implemented voluntarily.

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). 