



**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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**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

Telephone: 905-546-8294
Facsimile: 905-546-8255

Téléphone: 905-546-8294
Télécopieur: 905-546-8255

☐ 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	
October 19, 20 & 21, 2010	2010_167_2928_19Oct104951 2010_120_2928_20Oct092424	Complaints - H- 01434 & H-01482	
Licensee/Titulaire			
Specialty Care Woodhall Park Inc., 400 Applewood Crescent, Suite 110, Vaughan, Ontario, L4K 0C3			
Long-Term Care Home/Foyer de soins de longue durée			
Specialty Care Woodhall Park, 10260 Kennedy Road, Brampton, Ontario, L6T 3S1			
Name of Inspector(s)/Nom de l'inspecteur(s)			
Marilyn Tone, LTC Homes Inspector - Nursing #167 Bernadette Susnik, LTC Homes Inspector – Environmental Health #120			
Inspection Summary/Sommaire d'inspection			
The purpose of this inspection was to conduct a complaint inspection.			
During the course of the inspection, the inspectors spoke with the Administrator, the Director of Care, the personal support worker staff, registered staff and the Director of Recreation services.			
During the course of the inspection, the inspectors reviewed health files for five residents, reviewed the home's policies and procedures related to continence care, complaints, quality management, skin and wound management and the home staff deployment for the nursing department.			
The following Inspection Protocols were used during this inspection:			
Continence Care and Bowel Management Skin and wound Sufficient Staffing Training and Orientation Recreation and Social Activities Personal Support Services Responsive Behaviours Accommodation Services – Housekeeping Reporting and Complaints			
☒ 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 LTCHA, 2007, S.O 2007, c.8 s.6(1)c Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

The written plan of care for the identified resident did not set out clear direction to staff and others who provide care to the resident.

The Registered Dietitian wrote an order for a supplement for an identified resident. The Registered Dietitian subsequently made a change to the directions previously ordered for the supplement but this change in direction was not added to the resident's plan of care resulting in inconsistent information and lack of clarity in directions provided to staff.

Inspector ID #: 167

WN #: 2 The Licensee has failed to comply with O. Reg. 79/10 s.73(1)7 and 9 Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Sufficient time for every resident to eat at his or her own pace.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

Findings:

An identified resident was not given sufficient time to eat their meal at their own pace. The identified resident required full assistance and the staff member who was feeding the resident did not allow the resident sufficient time to safely eat and enjoy the meal.

Inspector ID #: 120

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 with s. 79/10 s.73(1) 7 and 9 with respect to ensuring that the home has a dining and snack service that includes, at a minimum sufficient time for every resident to eat at his or her own pace and providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible, 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). December 6, 2010