



**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
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jan 24, Feb 16, 17, Mar 5, 8, 9, 15, 2012	2012_021111_0002	Complaint

Licensee/Titulaire de permis

Glen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South, WHITBY, ON, L1N-9W2

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

STRATHAVEN LIFECARE CENTRE
264 King Street East, Bowmanville, ON, L1C-1P9

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Food Services Manager, two Personal Support Workers, and two residents.

During the course of the inspection, the inspector(s) conducted two complaint inspections (logs O-002062-11 & O-001882-11), reviewed the health records of two residents, reviewed the homes records and policies, reviewed the homes menus, observed the dining room and observed the communication system on the first floor.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Dignity, Choice and Privacy

Infection Prevention and Control

Personal Support Services

Reporting and Complaints

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legende
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.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 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 applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. Under O.Reg. 79/10, s.89(1)As part of the organized program of laundry services under clause 15(1)(b) of the Act, every licensee of a long-term care home shall ensure that,
(iv)there is a process to report and locate residents' lost clothing and personal items

Review of Policy (06-05-10) Personal Clothing (reviewed May 2005) indicates:

- Resident and family to report all lost laundry to the nurse in charge on the unit.
- Charge nurse to document complaint in the 24-hr Daily Communication Record and report on a complaint/concern form and forward to the Support Services Manager or Administrator.

An identified resident reported missing laundry and the licensee failed to ensure that the policy Personal Clothing was complied with.(ref.s.8(1)(b))(O-002062-11)

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

- (a) can be easily seen, accessed and used by residents, staff and visitors at all times;
- (b) is on at all times;
- (c) allows calls to be cancelled only at the point of activation;
- (d) is available at each bed, toilet, bath and shower location used by residents;
- (e) is available in every area accessible by residents;
- (f) clearly indicates when activated where the signal is coming from; and
- (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

Observation of an identified resident indicated the call bell was in-accessible.

The licensee failed to ensure that the resident-staff communication and response system can be easily seen, accessed and used by the residents, staff and visitors at all times(ref. s.17(1)(a)).
(O-001882-11)

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;
- (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
- (d) the final resolution, if any;
- (e) every date on which any response was provided to the complainant and a description of the response; and
- (f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,

- (a) the documented record is reviewed and analyzed for trends at least quarterly;
- (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
- (c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :



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Review of the Continuous Quality Improvement(CQI) meeting minutes:

-there was only two meeting minutes available (Sept.9/11 & Jan.20/12) and both meeting minutes did not indicate any discussion regarding the complaints/concerns.

The licensee failed to ensure that the documented record is reviewed and analyzed for trends at least quarterly, and the results of the review and analysis are taken into account in determining what improvements are required in the home (ref. s.101(3) (a)(b)).

(O-002062-11)

Review of the Complaints/Concerns binder indicated:

- that there was no complaint/concern form completed for an identified resident that filed a complaint
- there was no indication that the complaints/concerns are reviewed and analyzed quarterly for trends
- there were over 20 complaints/concerns forms and all were incomplete

The licensee failed to ensure that a documented record is kept in the home that includes the nature of each verbal/written complaint, the date the complaint was received, the type of actions taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required, every date on which any response was provided to the complainant and a description of the response. (ref.s.101(2)(a)(b)(c)(e))(O-002062-11)

Issued on this 28th day of March, 2012

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