



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

**Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 10, 24, 2016	2016_206115_0017	005634-16	Complaint

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**Licensee/Titulaire de permis**

S & R NURSING HOMES LTD.  
265 NORTH FRONT STREET SUITE 200 SARNIA ON N7T 7X1

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

AFTON PARK PLACE LONG TERM CARE COMMUNITY  
1200 AFTON DRIVE SARNIA ON N7S 6L6

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

TERRI DALY (115)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): May 10, 11, 12, 2016**

**This inspection was related to a complaint pertaining to resident care.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Manager of Resident Care, the Assistant Manager of Resident Care, the Food Services Manager, one Registered Nurse, one Registered Practical Nurse and one Personal Care Giver.**

**During the course of the inspection, the inspector reviewed the clinical records of one resident.**

**The following Inspection Protocols were used during this inspection:  
Hospitalization and Change in Condition  
Nutrition and Hydration**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification  VPC – Voluntary Plan of Correction  DR – Director Referral  CO – Compliance Order  WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit  VPC – Plan de redressement volontaire  DR – Aiguillage au directeur  CO – Ordre de conformité  WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**



1. The licensee had failed to ensure that care set out in the plan of care was provided to the resident as specified in the plan.

A review of resident #001's clinical record including the plan of care identified a specific nutrition/hydration goal and intervention.

A review of the homes policy and procedure FSM 10-08 Nutritional Referral Tool, revision date: October 5, 2015 indicates:

**POLICY:**

A nutritional referral form is used to communicate any changes in the resident's health that may affect their nutritional status to the food services department. This allows the Manager Food Service/ Registered Dietitian (MFS/RD) to reassess each resident's nutrition status and recommend nutrition interventions as required.

**PROCEDURE:**

2. Registered Team Members (RTM) will complete the form indicating the reason for nutritional consult and forward the form to Food Services Department. The RTM will also chart in the resident progress notes that a nutritional referral form has been sent and the reasons why a resident requires a consult.

The AMRC #102 said it would be the expectation that per resident #001's care plan intervention, that concerns would reported to Food Services per the referral process indicated in the nutritional referral policy. [s. 6. (7)]

***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 care set out in the plan of care was provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: 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:**

**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 O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee had failed to ensure any plan, policy, protocol, procedure, strategy or system, was complied with.

A review of the homes Laxative Protocol and Bowel Protocol Policy and procedure RCM 10-01-03 revised August 12, 2015 indicated:

**POLICY:**

All residents will be monitored as to their bowel routine and need for laxatives, fleets and suppositories to maintain their bowel movements.

The clinical record physician orders for resident #001 indicated a protocol for a laxative routine for this resident.

A review of the physician orders and medication administration records for resident #001 revealed that the resident was on a regular dose of medication for constipation, and on the 5 days the resident did not have a bowel movement the laxative protocol was not initiated.

Interviews with Registered Nurse #103 and Registered Practical Nurse #104 both said that documentation of no bowel movement in the flow records should have triggered implementation of the bowel/laxative protocol.

The Manager of Resident Care #101 said that the expectation is that the home comply with policies to maintain resident's bowel movements. [s. 8. (1) (b)]



***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 any plan, policy, protocol, procedure, strategy or system, was complied with, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records**

**Every licensee of a long-term care home shall ensure that,**

- (a) a written record is created and maintained for each resident of the home; and**
- (b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.**

**Findings/Faits saillants :**

1. The licensee had failed to ensure the resident's written record was kept up to date at all times.

The Manager of Resident Care #101 said that it is the home's expectation that a specific document is part of the clinical record and accompanies the resident's transfer to hospital, with regard to resident #001, the written record was not kept up to date. [s. 231. (b)]

***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 resident's written records are kept up to date at all times, to be implemented voluntarily.***

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**Issued on this 24th day of June, 2016**

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

**Original report signed by the inspector.**