



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

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**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**

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**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>
May 5, 2017	2017_536537_0016	025185-16, 026421-16	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**

NANCY SINCLAIR (537)

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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): April 11 and 12, 2017**

**The following Critical Incident inspection was conducted concurrently during this inspection:**

**Log #026421-16 a letter to the Ministry of Health and Long Term Care, submitted by CCAC regarding placement concerns.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Manager of Resident Care (MRC), one Registered Nurse (RN) and four Personal Support Workers (PSW).**

**The inspector(s) also observed residents and care provided to them, reviewed the health care record and plan of care for an identified resident, and reviewed policies and procedures of the home.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management**

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

**1 WN(s)**

**1 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. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).**

**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 has failed to ensure that the plan of care was based on an assessment of the resident and the resident's needs and preferences.

An identified resident and family members of this resident met with the former Manager of Resident Care (MRC). At this meeting, the resident expressed several concerns. As a result, the MRC prepared and shared with the Afton Leadership Team, Afton Registered Nurses (RNs) and Afton Registered Practical Nurses (RPNs), a plan that included interventions to address the residents' concerns. The email document provided instruction for this information to be shared with the team.

Interviews were conducted with three Personal Support Workers (PSW). Each PSW verbalized that they remembered this resident and the care required. A PSW stated that any specific instructions would be included in the kardex for the resident which could be accessed on the computer. The PSW also stated that changes in care would be communicated in shift report as well so that staff were aware of new information. Another PSW was the only staff member who was aware of the specific interventions outlined in the plan prepared by the former MRC, and stated that they were aware of these interventions from discussion with the residents' spouse, and had not been made aware of this from management, registered staff or any other staff at the home.

The Executive Director (ED) stated that they were aware that a meeting had been held with the resident and family but that they had not been directly involved in the meeting. The ED stated they would expect that the plan that was agreed to by the resident and family would be provided to the resident as per their needs and preferences. [s. 6. (2)]

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

The family of an identified resident submitted a complaint to the Ministry of Health and Long Term Care Infoline regarding concerns of care provided to a resident related to an identified diagnosis.

The Resident was admitted to the home with the specific diagnosis.

Clinical record review stated that the resident was treated for the identified diagnosis on at least five occasions.



The care plan for this resident included a focus for this known diagnosis and interventions for the management of the diagnosis.

Clinical record review included a physician order for a specific intervention for monitoring.

Review of the electronic Medication Administration Record (eMAR) did not include documentation to support that the specific intervention was completed as ordered on several occasions.

The clinical record review included a physician order to discontinue the intervention. The clinical record also included a subsequent physician order to restart the intervention again.

The order had not been processed. The eMAR for this resident was reviewed for specific dates and did not include documentation to support that the intervention was completed as ordered .

Additionally, this resident had another physician order for a treatment intervention to aid in the management of the identified diagnosis.

The electronic Treatment Assessment Record (eTAR) was reviewed and did not include documentation to support that the intervention had been completed as ordered on several occasions.

The Manager of Resident Care (MRC) reviewed the physician order and stated that the order had not been processed to the eMAR for the intervention, and that the clinical records did not support that the intervention had been completed as ordered. The MRC also acknowledged there was not documentation to support completion of the treatment intervention to aid in the management of the identified diagnosis.

The severity was determined to be a level 2 as there was minimal harm or potential for actual harm . The scope of the issue was isolated. There was a compliance history of this legislation being issued in a similar area during complaint inspections on September 28, 2016 and May 10, 2016, and on February 1, 2016 and May 12, 2015 during the home's Resident Quality Inspections, as a Voluntary Plan of Correction. [s. 6. (7)]



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***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 the plan of care is based on an assessment of the resident and the resident's needs and preferences and that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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Issued on this 5th day of May, 2017

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

**Original report signed by the inspector.**