Ontario

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 20, 2014	2014_288549_0009	O-000047-14	Critical Incident System

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

ALMONTE COUNTRY HAVEN
333 COUNTRY STREET, P.O. BOX 250, ALMONTE, ON, K0A-1A0

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

RENA BOWEN (549)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 18, 19, 2014.

During the course of the inspection, the inspector(s) spoke with several Personal Support Workers(PSW), Registered Practical Nurses(RPN), the Scheduling Clerk, the RAI Coordinator, the Resident Services Coordinator (RSC) and the Director of Care (DOC) and resident #2 .

During the course of the inspection, the inspector(s) observed care being provided to resident #2, interactions between staff and residents, reviewed resident #1 and #2 health care records and the Home's Zero Tolerance of Abuse and Neglect of Resident Policy # AM-6.9 revised September 2013.

The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

Findings/Faits saillants :

1. The licensee has failed to comply with the LTCHA, 2007 S.O. 2007,c.8,s. 6(8) the licensee did not ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c.8, s.6 (8).

The Director of Care confirmed that the care plan is the document the direct care staff use to guide them in the provision of care to the residents of Almonte Country Haven. The plans of care are kept in a binder at the PSW nursing station for convenient and immediate access to all direct care staff.

On February 18, 2014 several PSWs, 2 RPNs , the RAI Coordinator, the BSO team member and the day Charge RN were unable to locate the binders that hold the care plan for residents when asked by the inspector.

During an interview with the Resident Services Coordinator (RSC) and Director of Care the RSC confirmed the PSW's did not have access to the plans of care for 5 days (Feb.14 to Feb.18/14). The RSC stated all of the residents' plans of care were left in the basement office on February 14, 2014 and not return to the PSW's nursing station until the afternoon of February 18, 2014.

The Director of Care acknowledged the RSC office is not accessible by the direct care staff and that the expectation was that the care plans be available in the binders at the PSW nursing station so staff would have convenient and immediate access to the information.

The Director of Care indicated during an interview that staff also have access to a Kardex which gives direction to guide staff in providing care. RPN S103, S104 and the day Charge RN where unable to locate a written Kardex for the provision of care of the residents. RPN S103 stated the resident's Kardex has not been available for "quite some time". The Director of Care was not aware that the Kardex was no longer available to the PSWs.

The Director of Care and the RSC acknowledged a copy of the care plan is not kept on the resident's health care record. The PSWs do not have access to the electronic copy of the residents' care plan. [s. 6. (8)]

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 staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it., to be implemented voluntarily.

Issued on this 20th day of February, 2014

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

RENA BOWEN #549