



**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**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 18, 2016	2016_269627_0002	033839-15	Follow up

Licensee/Titulaire de permis

THE BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING WEST
100 Michaud Street STURGEON FALLS ON P2B 2Z4

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

AU CHATEAU
100 MICHAUD STREET STURGEON FALLS ON P2B 2Z4

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

SYLVIE BYRNES (627)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 13, 14, 15, 2016.

During the course of this inspection, the inspector observed the provision of care to residents, observed staff to resident interactions, reviewed various policies, care plans, health care records and critical incident reports.

During the course of the inspection, the inspector(s) spoke with the Director of Care, (DOC), the Education Coordinator, a Registered Nurse (RN), two Registered Practical Nurses (RPN), three Health Care Aids (HCA) and several residents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Minimizing of Restraining

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #002	2015_332575_0017		627
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2015_332575_0017		627

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care set out clear directions to staff and others who provided direct care to the resident.

During an interview on January 14, 2016, HCA #104 indicated that care for resident #008 was provided according to the flow sheets and the care plan situated in the blue binder. HCA #104 and Inspector #627 reviewed the electronic care plan in Gold Care for the focus of "at risk for skin breakdown/pressure ulcers" dated December 23, 2015 and noted the intervention in the care plan in Gold Care and the interventions in the care plan in the blue binder dated October 20, 2015 differed. HCA #104 confirmed that the care plan (hard copy) was not updated in the binder and did not provide clear directions to staff and others who provided direct care to the resident.

On January 14, 2016, Inspector #627 interviewed RPN #105 who was one member of a team of RPNs that update the care plans. RPN #105 stated that the expectation was that when a care plan was updated in Gold Care, it was to be updated in the binder for the HCAs to refer to. RPN #105 and Inspector #627 reviewed resident #008's care plan in Gold Care dated December 23, 2015, and the care plan in the binder dated October 20, 2015, for the focus of "at risk for skin breakdown/pressure ulcers. RPN #105 confirmed the care plan in the binder had not been updated and did not provide clear directions to staff and others who provided direct care to the resident. [s. 6. (1) (c)]



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Issued on this 18th day of January, 2016

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

Original report signed by the inspector.