



**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**

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**Public Copy/Copie du public**

<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>
Jan 6, 2014	2013_282543_0001	S- 000400,000 351,000466- 13	Complaint

**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**

**TIFFANY BOUCHER (543), MONIQUE BERGER (151)**

**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): December 17, 18, 19 & 20, 2013**

**This inspection relates to the following;**

**S-000400-13 related to IL 29662 SU**

**S-000351-13 related to IL 29069 SU**

**S-000466-13 related to IL 30312 SU**

**During the course of the inspection, the inspector(s) spoke with**

- Administrator**
- Director of Care**
- Registered Staff (RNs and RPNs)**
- Personal Support Workers (PSWs)**
- RAI/MDS Coordinator**
- Maintenance Manager**
- Residents**
- Families/visitors**

**During the course of the inspection, the inspector(s)**

- Directly observed the delivery of care and services to residents.**
- Conducted daily environmental walk-through the home**
- Directly observed dining and meal delivery service,**
- Observed fluid and nourishment passes,**
- Reviewed policies and procedures in regards to Nutrition/Hydration,**
- Reviewed policies, procedures, protocols and program related to Continence Care**
- Reviewed staff education events for the last twelve months in relation to Continence Care and Nutrition and Hydration**
- Reviewed resident health care records**
- Reviewed staffing patterns for RNs, RPN and PSWs**
- Reviewed home's policies regarding staffing and resident assignments**
- Reviewed schedule contingent changes identified for when staff are working short one PSW**
- Reviewed Home's audit of shifts worked short of staff for the last two months**

**The following Inspection Protocols were used during this inspection:**



Continence Care and Bowel Management  
Nutrition and Hydration  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Sufficient Staffing

**Findings of Non-Compliance were found during this inspection.**

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

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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.

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 82. Attending physician or RN (EC)**



**Specifically failed to comply with the following:**

- s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,**
- (a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination; O. Reg. 79/10, s. 82 (1).**
  - (b) attends regularly at the home to provide services, including assessments; and O. Reg. 79/10, s. 82 (1).**
  - (c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).**
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**Findings/Faits saillants :**

1. Inspector 151 audited resident health care records to review documented resident annual physician examinations. Inspector found the following:

- a) 11 of 19 or 57.9% of health care records reviewed had no documented physical examination in the last year.
- b) 7 of 11 ( or 63.6 %) health care records reviewed had no documented physical examinations since 2012
- c ) 4 of 11 (or 36.4%) health care records reviewed had no documented physical examinations since 2011

In an interview on December 17, 2013, Director of Care and Administrator confirmed that they were aware that the annual resident physical examinations were not up to date.

The home did not ensure that the attending physician or a Registered Nurse in the extended class conducted a physical examination of each resident on an annual basis. [s. 82. (1)]



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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 either a physician or a registered nurse in the extended class conducts an annual physical examination of each resident and produces a written report of findings of the examination, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

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**Findings/Faits saillants :**



1. Inspector 151 observed that residents in the home had personal hygiene and bath care equipment labeled and held at the resident's bedside or in the resident's washrooms. Inspector observed that each resident had separate nail care equipment located in a multi-drawer organizer in the tub rooms. Each resident had a drawer assigned in this organizer cabinet that held their personal nail clippers and nail files.

On December 18, 2013, Inspector toured the home units. Inspector observed the following:

- in tub room on Unit 3: on the shelf in the cupboard by the tub was found a hair brush with multiple hairs in bristles. The hair brush was not identified to belong to any resident.
- in tub room on Unit 3: on the sink in this same room was found a hair brush with multiple hairs in bristles. The hair brush was not identified to belong to any resident
- in tub room on Unit 3: in the cupboard by the tub, in a box labeled "nail clippers", Inspector found 3 large clippers heavily soiled with remnant nail clippings, a used and heavily soiled black comb and an open container of hair cream. None of these were identified to belong to any particular resident.
- in tub room on Unit 1: in the cupboard by the tub, inspector observed a used bar of soap in a soap dish. The soap dish did not identify the bar of soap to belong to any particular resident.

Inspector 151 showed the above to the Director of Care who confirmed that residents had their own personal care equipment and the clippers, brushes, comb and soap observed by the Inspector should not have been in these cupboards and found in the state observed by the Inspector. Director of Care confirmed that the home's practice is to label personal care equipment as belonging to individual residents and that these were to be kept separate and dedicated for that resident's sole use.

The home did not ensure that all staff in the home participated in the infection control program [s. 229. (4)]



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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 all staff in the home participate in the infection control program, to be implemented voluntarily.***

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Issued on this 6th day of January, 2014

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

*Tiffany Bucher*  
#543