Ontario

Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Feb 17, 27, 28, Mar 5, 6, 7, 9, 16, 2012	2012_043157_0007	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

BAY RIDGES
900 SANDY BEACH ROAD, PICKERING, ON, L1W-1Z4

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

PATRICIA POWERS (157)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the home's Administrator, Director of Care, Registered Dietitian, two Registered Practical Nurses.

During the course of the inspection, the inspector(s) reviewed the clinical health record for an identified resident, reviewed Critical Incident reports related to the care of an identified resident, reviewed the home's policies and procedures related to pain assessment and management and fall assessment and management.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Nutrition and Hydration

Pain

Findings of Non-Compliance were found during this inspection.

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

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

Findings/Faits saillants :

1. In accordance with the requirements of O.Reg.79/10, s. 52.(2) the licensee's pain management program shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate instrument designed for this purpose.
The facility's pain management program policy, "Pain Assessment and Management " policy # LTC-N-30 - dated March 2010 - states that the "Continuing Care Pain Assessment Tool" will be utilized to assess pain in all residents who have been identified as having pain and states residents pain will be monitored using a "pain scale".
Clinical progress notes throughout 2011 indicate that an identified resident experienced persistent pain from different sources with varying degrees of severity. There is no evidence that a "Continuing Care Pain Assessment Tool" was in place or utilized to assess, monitor or manage the resident's pain. The home's "Pain Flow Sheet" was not used to monitor pain until five days prior to the resident's death. The pain scale on the "Pain Flow Sheet" was not completed.[r.8 (1)(b)]

WN #2: 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 subsections:

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;
(b) the goals the care is intended to achieve; and
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. History of plan of care reviews for an identified resident indicates the last three review dates of March 14, 2011, March 17, 2011 and July 2, 2011. The Director of Care and Registered Practical Nurse were not able to confirm which care plan provided the most current information and direction to staff. The plans of care do not provide clear direction to staff as evidenced by the following:
In March, June and July 2011 - The resident suffered identified injuries. The resident's plan of care was not amended to identify the injuries or provide clear direction to staff for care interventions to manage the injuries or the resident's related pain. [s.6.(1)(c)]
2. July, 2011 - The resident's condition declined and the resident's care needs were determined to be palliative. The resident's plan of care dated continued to provide direction for physiotherapy, mobility, nutritional care and activation which were in effect prior to the decline in condition. The plan of care was not revised to reflect the change in care and pain management needs related to the resident's palliative condition. [s.6.(10)(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 that the plans of care for residents whose care needs change or who experience pain are current and provide clear direction to staff for the care of the resident, to be implemented voluntarily.

Issued on this 16th day of March, 2012

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

Patricia A Russo