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

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

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée
Division de la responsabilisation et de la performance du système de santé
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Date(s) of inspection/Date de l'inspection	**Inspection No/ d'inspection**	**Type of Inspection/Genre d'inspection**
July 23, 2010	2010_104_9504_22Jul13248	Critical Incident: O-000439

Licensee/Titulaire
Toronto Long-Term Care Homes and Services
55 John Street, Metro Hall, 11th floor, Toronto, ON, M5V 3C6
Fax: 416-392-4180

Long-Term Care Home/Foyer de soins de longue durée
Bendale Acres
2920 Lawrence Avenue East, Scarborough, On, M1P 2T8
Fax: 416-397-7067

Name of Inspector(s)/Nom de l'inspecteur(s)
Judy Macaulay (#104)

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a critical incident inspection related to a report of unexpected death of an identified resident.

During the course of the inspection, the inspector spoke with the Administrator, the Director of Care, two Registered nursing staff and two PSW staff.

During the course of the inspection, the inspector reviewed this resident's chart, observed the area of the incident, and the equipment in use during the incident.

The following Inspection Protocols were used during this inspection:
Responsive Behaviours
Hospitalization and Death

☒ Findings of Non-Compliance were found during this inspection. The following action was taken:

3 WN

NON- COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCHA, 2007, S.O. 2007, c.8, 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.

Findings:

1. The identified resident's care plan indicated that two staff were to provide total assistance during care.
2. On the day of the incident two staff were providing care for this resident and one staff left during the provision of care.
3. While in the care of one staff the resident sustained an injury.
4. The PSW staff who left the area indicated that she was aware that two staff were required for care.
5. Care was not provided to this resident as specified in the plan of care.

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WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s. 6(4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other.

Findings:

1. The assessment of the identified resident was not consistent between two records of documentation for the same period of time.
2.

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WN # 3: The Licensee has failed to comply with: O. Reg. 79/10, 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,
(b) is complied with.

Findings:

1. The Home is required to have policies developed for the medication management system: [O.Reg.79/10, s. 114(2)]
   (a) Documentation on the Medication Administration Record for the administration of a medication was not clearly entered - two entries were written on top of each other and it was unable to be determined if the identified resident received this medication or not.
   (c) The medication administration documentation protocol of the Home which indicated that "medication is to be documented by recording the nurses' initials in space provided beside each medication" was not complied with. *PH-0201-00 Medication Administration, Section 02-Medication Administration,Published 01-03-06*
2. The Home is required to have a falls prevention and management program: [O. Reg. 79/10, s. 48(1) 1]
   (a) No vital signs were recorded for the identified resident on the vital sign record or progress notes.
   (b) The Home's policy for head injury which indicated that " the level of consciousness, vital signs, pupil reaction and size and changes in behaviour were to be assessed and documented every hour for 24 hours" was not complied with: *RC-0518-20 Suspected Head Injury, Section 05-Resident Planning Process, Published 01-05-06.*

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Signature of Licensee or Representative of Licensee **Signature du Titulaire du représentant désigné**	**Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.** Macaulay, LTCH Inspector - Nursing
Title: **Date:**	**Date of Report:** March 31, 2011