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

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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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Apr 28, 2015	2015_217137_0017	L-002027-15	Resident Quality Inspection

Licensee/Titulaire de permis

BLUEWATER REST HOME INC.
37792 Zurich-Hensall Rd RR #3 ZURICH ON N0M 2T0

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

BLUE WATER REST HOME
LOT 21, HWY 84 R. R. #3 ZURICH ON N0M 2T0

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

MARIAN MACDONALD (137), BONNIE MACDONALD (135), CHAD CAMPS (609), RAE MARTIN (515)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): April 13-17 and April 21-23, 2015

CI 007135-14, CI 009187-14, CI 006347-15, Complaint # 002337-15 and Complaint # 006612-15 inspections were also completed during the Resident Quality Inspection (RQI).

During the course of the inspection, the inspector(s) spoke with Chief Executive Officer (CEO), Director of Care, Nutrition Manager, Environmental Services Manager, Therapy Services Coordinator, Activity/Volunteer Coordinator, Outreach and Program Coordinator, Physiotherapist, Business Manager, Nurse Clinician, RAI-MDS Coordinator, Medical Director, three Registered Nurses, four Registered Practical Nurses, fourteen Personal Support Workers, three Dietary Aides, two Housekeeping Aides, three Family Members and forty + Residents.

The inspectors also toured all resident home areas, common areas, kitchen, medication storage areas, observed dining service, care provision, resident/staff interactions, recreational programs, medication administration, reviewed residents' clinical records, relevant policies and procedures, staff education records, risk management reports and various meeting minutes.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing

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

- **10 WN(s)**
- **8 VPC(s)**
- **2 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee failed to ensure residents are protected from abuse by anyone.

Throughout the Resident Quality Inspection (RQI), resident interviews, resident clinical record reviews and a review of risk management reports revealed:

(a) documented incidents where identified residents, staff and visitors were recipients of responsive behaviours.
(b) The home did not utilize 1:1 Supplemental Staffing in an effort to manage the responsive behaviours.
(c) A care plan review revealed there was no documented evidence that interventions were in place to protect an identified resident from responsive behaviours.

The Chief Executive Officer (CEO) confirmed there were no interventions documented to ensure the safety of an identified resident, as well as the expectation that all residents be protected from abuse by anyone. [s. 19. (1)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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:

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

Findings/Faits saillants :

1. The licensee has failed to ensure that the Falls Management Policy was complied with.

A review of clinical records for an identified resident indicated that the resident had an increase in the number of falls.

There is no documented evidence that the identified resident has had a Falls Risk Assessment completed.

A review of Policy # NRSG_5_1, Falls Management Revised June 2014, indicates that each resident must be assessed on admission, quarterly and any change in condition for potential for falls in order to take a preventative approach.

The Director of Care confirmed that the resident had not had a falls risk assessment completed on admission, quarterly and any change in condition and the expectation is that staff comply with the policy. [s. 8. (1) (a),s. 8. (1) (b)]

2. The licensee of the home failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with and implemented in accordance with all applicable requirements under the Act.

The Homes Weight Procedure policy # FSER_4_6, January 2013, states:

Nursing will weigh the resident on their first bath day at the start of each month.

Record review revealed three identified residents did not have their weights until after the third bath of the month.

During an interview, the Registered staff member confirmed the identified residents did not have their weights recorded after their first bath of the month and it is the home's expectation that the weight policy is complied with and implemented related to taking monthly weights of residents. [s. 8. (1) (a),s. 8. (1) (b)]

3. The licensee has failed to ensure that the Use of Restraints - Minimizing of Restraints policy in place is complied with.

A review of the Home's Policy - Use of Restraints – Minimizing Restraints , dated July 2014, states:

All restraints (including tilt wheelchairs deemed restraints) will be put in the Plan of Care and on the MAR to ensure required monitoring/checks are completed.

A review of the clinical health record for an identified resident revealed there was a physician order for a tilt wheelchair as a restraint but there was no documented evidence on the MAR or plan of care to identify the tilt wheelchair as a restraint.

An interview with the Chief Executive Officer confirmed the tilt wheelchair was not documented as a restraint and the expectation that staff comply with the Home's policy. [s. 8. (1) (b)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that every resident have his or her personal health information kept confidential.

On April 17, 2015, at 1010, the Charting Room in the Sunset home area was observed to be open and unattended thereby providing access to residents' personal health information.

The RAI Coordinator confirmed the room was open, unattended and residents' personal health information was accessible. She also confirmed the expectation that residents' personal health information be kept confidential. [s. 3. (1) 11. iv.]

2. On April 22, 2015, at 1110, the half door to the Nursing Station and the Charting Room door was observed open on Sunset home area with access to residents' personal health information. A Registered Staff member confirmed the doors were open and residents' PHI was accessible. [s. 3. (1) 11. iv.]

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 every resident have his or her personal health information kept confidential, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The Licensee failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

Observations, throughout the RQI and during a walking tour of the home with the Environmental Services Manager April 21, 2015, revealed dining room and activity room chair seats soiled, in various areas of the home.

During an interview, the Environmental Services Manager confirmed his expectation that the home's furnishings and equipment are to be kept clean and sanitary. [s. 15. (2) (a)]

2. The Licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

Observations, throughout the RQI and during a walking tour of the home with the Environmental Services Manager April 21, 2015 revealed deficiencies, such as damaged finish on legs of dining room tables and chairs, insects in light covers, stained ceiling tiles, chipped paint, cracks in walls, loose floor tiles, dusty ceiling vents and walls damaged, in numerous areas of the home.

During an interview, the Environmental Services Manager confirmed his expectation that the home, furnishings and equipment be maintained in a safe condition and in a good state of repair [s. 15. (2) (c)]

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 home, furnishings and equipment were kept clean and sanitary, as well as were maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home was bathed at minimum, twice a week by the method of his or her choice.

Bathing records were reviewed for seven identified residents and it was noted that 6/7 residents (85.7%) missed a total of 12 baths during a one month period.

Bathing records revealed two of the residents missed three baths (37.5%) and another resident missed two baths (25%) during the month.

Interviews with Registered staff who assist with bathing confirmed that baths are not always completed.

During an interview, the Administrator confirmed her expectation that each resident of the home is bathed at minimum of twice a week by the method of his or her choice. [s. 33. (1)]

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 each resident of the home was bathed at minimum, twice a week by the method of his or her choice, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

A review of the care plan, for an identified resident, revealed there is no documentation identifying the resident's desired bedtime routines.

An interview with the Director of Care confirmed the Care Plan does not identify the resident's desired bedtime routines and the expectation that the resident's desired bedtime and rest routine is supported and individualized to promote comfort, rest and sleep. [s. 41.]

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 each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that each resident who is incontinent receives an assessment that includes the identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence.

During a record review for an identified resident, there was no documented evidence that a bowel and bladder continence assessment was completed on admission and quarterly, as per the home's policy.

The RAI Coordinator confirmed there was no bowel and bladder continence assessment completed on admission and quarterly for the identified resident, as well as the expectation that the assessments are to be completed. [s. 51. (2) (a)]

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 each resident who is incontinent receives an assessment that includes the identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that as part of the Nutrition Care and Hydration Program residents' heights are taken, upon admission and annually thereafter.

Record review in Harvest Home area revealed that 9 of 13 residents (69.2%) did not have their heights taken annually.

During an interview the Director of Care confirmed her expectation that residents heights are taken upon admission and annually thereafter. [s. 68. (2)]

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 as part of the Nutrition Care and Hydration Program residents' heights are taken, upon admission and annually thereafter, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

The Licensee failed to ensure that residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance.

1. An observation during the breakfast meal service on April 15, 2015 revealed an identified resident did not receive assistance with eating, at the time of meal service.

2. A review of the plan of care, for an identified resident, indicated the resident was to have frequent cueing/encouragement to eat and occasionally will need to be fed. The plan of care stated resident requires to be fed most times and provide constant encouragement remaining with resident during meals

Observations, during breakfast service April 16, 2015, revealed two identified residents, who require assistance with eating or drinking, were served the breakfast meal but waited 10 - 20 minutes before staff provided assistance.

During an interview the Food Services Manager confirmed her expectation that residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance. [s. 73. (2) (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 residents who require assistance with eating or drinking are only served a meal when someone is available to provide the assistance, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
4. Consent. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that a consent is documented for every use of a physical device to restrain a resident.

A review of the clinical health record for an identified resident, revealed a written physician order for a "Tilt Wheelchair as a restraint".

During an interview, a Registered Nurse confirmed there was no documented evidence that a consent was obtained for the use of a tilt wheelchair.

The Director of Care confirmed the expectation that every use of a physical device to restrain a resident be documented and there is a consent documented. [s. 110. (7) 4.]

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 a consent is documented for every use of a physical device to restrain a resident, to be implemented voluntarily.

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

Issued on this 8th day of May, 2015

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MARIAN MACDONALD (137), BONNIE MACDONALD (135), CHAD CAMPS (609), RAE MARTIN (515)
Inspection No. / No de l'inspection :	2015_217137_0017
Log No. / Registre no:	L-002027-15
Type of Inspection / Genre d'inspection:	Resident Quality Inspection
Report Date(s) / Date(s) du Rapport :	Apr 28, 2015
Licensee / Titulaire de permis :	BLUEWATER REST HOME INC. 37792 Zurich-Hensall Rd, RR #3, ZURICH, ON, N0M-2T0
LTC Home / Foyer de SLD :	BLUE WATER REST HOME LOT 21, HWY 84, R. R. #3, ZURICH, ON, N0M-2T0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Angie Dunn

To BLUEWATER REST HOME INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Order / Ordre :

The licensee must take immediate action to achieve compliance by:

(a) ensuring all residents are protected from abuse by anyone.

(b) ensuring all residents feel safe and protected in the home.

(c) ensuring care plans are updated to include documented interventions, measures and strategies being in place to protect residents from abuse by anyone.

Grounds / Motifs :

1. The licensee failed to ensure residents are protected from abuse by anyone.

Throughout the Resident Quality Inspection (RQI), resident interviews, resident clinical record reviews and a review of risk management reports revealed:
a) Documented incidents where identified residents, staff and visitors were recipients of responsive behaviours.
b) The home did not utilize 1:1 Supplemental Staffing in an effort to manage the responsive behaviours.
c) A care plan review revealed there was no documented evidence that interventions were in place to protect an identified resident fron responsive behaviours.

The Chief Executive Officer (CEO) confirmed there were no interventions documented to ensure the safety of an identified resident, as well as the expectation that all residents be protected from abuse by anyone.

(137)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 08, 2015

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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,
(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).

Order / Ordre :

The licensee must take immediate action to achieve compliance by:

(a) ensuring the Weight Procedure Policy # FSER_4_6, dated January 2013, is complied with as related to residents' weights being recorded on the first bath day at the start of each month.

(b) ensuring the Falls Management Policy # NRSG_5_1, revised June, 2014, is complied with as related to completing falls risk assessments on admission, quarterly and any change in a resident's condition.

(c) ensuring the Home's Policy - Use of Restraints - Minimizing Restraints, dated July 2014, is complied with as related to identifying a tilt wheelchair as a restraint and included in the plan of care.

Grounds / Motifs :

1. A written notification of non-compliance and a voluntary plan of correction were previously issued on September 2, 2014, under Log # 004302-14 and Inspection # 2014_183135_0071 and a written notification of non-compliance and a voluntary plan of correction were previously issued on June 9, 2014, under Log # L-00-643-14 and Inspection # 2014_242171_0010 related to policies not being complied with.

The licensee of the home failed to ensure that any plan, policy, protocol,

procedure, strategy or system instituted or otherwise put in place was complied with and implemented in accordance with all applicable requirements under the Act, when the following occurred:

The Home's Weight Procedure policy # FSER_4_6, January 2013, stated:

Nursing will weigh the resident on their first bath day at the start of each month.

Record review revealed three identified residents did not have their weights taken until after the third bath of the month.

During an interview the Registered staff member confirmed that residents had not had their weights recorded after their first bath of the month and it was her expectation that the home's weight policy is complied with and implemented related the taking of residents monthly weights.
(135)

2. The licensee has failed to ensure that the Falls Management Policy was complied with.

A review of clinical records for an identified resident indicated that the resident had an increase in the number of falls.

There is no documented evidence that the resident had a Falls Risk Assessment completed.

A review of Policy # NRSG_5_1, Falls Management Revised June 2014, indicated that each resident must be assessed on admission, quarterly and any change in condition for potential for falls in order to take a preventative approach.

The Director of Care confirmed that the resident has not had a falls risk assessment completed on admission, quarterly and any change in condition and the expectation is that staff comply with the policy. (515)

3. The licensee has failed to ensure that the Use of Restraints - Minimizing of Restraints policy in place is complied with.

A review of the Home's Policy - Use of Restraints – Minimizing Restraints,

dated July 2014, stated:

All restraints (including tilt wheelchairs deemed restraints) will be put in the Plan of Care and on the MAR to ensure required monitoring/checks are completed.

A review of the clinical health record for an identified resident revealed there was a physician documented order for a Tilt Wheelchair as a restraint but there was no documented evidence on the MAR or plan of care to identify the tilt wheelchair as a restraint.

An interview with the Chief Executive Officer confirmed the tilt wheelchair was not documented as a restraint and the expectation that staff comply with the Home's policy.

(515)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : May 08, 2015

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 28th day of April, 2015

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : MARIAN MACDONALD

Service Area Office /
Bureau régional de services : London Service Area Office