



**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
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Direction de l'amélioration de la
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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
Jun 16, 2015	2015_229213_0018	008955-15	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF ELGIN
450 SUNSET DRIVE ST. THOMAS ON N5R 5V1

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

BOBIER VILLA
1 BOBIER LANE DUTTON ON N0L 1J0

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

RHONDA KUKOLY (213), INA REYNOLDS (524), ROCHELLE SPICER (516)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): June 9, 10, 11, 12, 2015

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Manager of Recreation, a Registered Dietitian, 2 Registered Nurses, 3 Registered Practical Nurses, 1 Activation Staff, 5 Personal Support Workers, 40+ Residents and 5 Family Members.

The inspector(s) also toured the home; observed meal service, medication passes, medication storage areas and care provided to residents; reviewed health records and plans of care for identified residents; reviewed policies and procedures of the home; and observed general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

Contenance Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Residents' Council

Responsive Behaviours

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

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:**

**s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary
assessment of the following with respect to the resident:
21. Sleep patterns and preferences. O. Reg. 79/10, s. 26 (3).**

Findings/Faits saillants :



1. The licensee has failed to ensure that a plan of care was based on, at a minimum, an interdisciplinary assessment of the following with respect to the resident sleep patterns and preferences.

Record review of the most recent Minimum Data Set (MDS) Quarterly Assessment on a specified date for Resident #6 indicated the Resident had an unpleasant mood in the morning and insomnia up to 5 days a week that was not easily altered. Record review of the current plan of care for Resident #6 revealed there was no focus statements, goals or interventions related to the Resident's sleep patterns and preferences based on the assessment.

Interview with a Personal Support Worker on a specified date confirmed this Resident prefers to wake up on their own in the mornings and may become more agitated and restless if staff wake them up.

Interview with the Manager of Resident Care confirmed that there was no care plan information regarding the Resident's sleep patterns and preferences and that it is the home's expectation that there should be. [s. 26. (3) 21.]

WN #2: 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 :



1. The licensee has failed to ensure that residents who require assistance with eating or drinking were only served a meal when someone was available to provide the assistance.

Observation of the lunch meal service on a specified date revealed the main entree and drinks for Resident #6, #3 and #11 were set on their tables at approximately 1204 hours, however no one was available to assist these Residents until 1206 hours, 1213 hours and 1217 hours respectively.

Record review of the plan of care for Resident #6, #3 and #11 indicates that these Residents required total eating assistance related to cognitive impairment.

Interview with the Registered Dietitian on June 9, 2015 during the lunch meal service confirmed the home's expectation is that meals are only served when someone is available to provide the assistance required by the Residents. [s. 73. (2) (b)]

Issued on this 16th day of June, 2015

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

Original report signed by the inspector.