



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

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

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
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Performance Improvement and
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**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 Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 1, 2014	2014_262523_0013	L-000434-14	Resident Quality Inspection

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF ELGIN MUNICIPAL HOMES
1 Bobier Lane, DUTTON, ON, N0L-1J0

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

ALI NASSER (523), ALICIA MARLATT (590), CAROLEE MILLINER (144), REBECCA DEWITTE (521)

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): April 15, 16, 17, 22, 23 and 24, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care, Manager of Support Services, Resident Care Coordinator, RAI Coordinator, Program Director, Registered Dietitian, Six Registered Staff, Four Personal Support Workers, One house Keeping Staff, Family Council President, Resident Council President, Three Family Members and 40 Residents.

During the course of the inspection, the inspector(s) toured the Home, reviewed clinical records, programs, relevant policies and procedures, relevant meeting minutes, observed a meal service, medication pass, recreational activities, resident-staff interaction, infection prevention and control practices and the Home's general maintenance relating to upkeep and condition of Home including resident equipment and supplies.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

Findings of Non-Compliance were found during this inspection.



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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :



1. The Licensee has failed to ensure that the care set out in the plan of care is based on the assessment of the Resident and the needs and preferences of that Resident, this was evidenced by:

On April 22, 2014 at 1100 hours, a record review of the MDS assessment completed on March 9, 2014 revealed that the resident is frequently incontinent with bowel and bladder. A review of the resident's plan of care did not indicate any focus, goals or interventions on bowel incontinence.

In an interview with the Manager of Resident Care, it was confirmed that the Home's expectation is that the care plan and the plan of care should reflect the information from MDS and the resident's needs. [s. 6. (2)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :

1. The Licensee has failed to ensure that every window that opens to the outdoors and is accessible to Residents cannot be opened more than 15 centimetres, this was evidenced by:

On April 23, 2014 at 1115 hours inspector #523 toured a Resident care area with the Administrator. A check on the windows at the end of the hall way revealed that the window opened 35.5 centimetres to the outdoors.

A check on the windows in Two Resident rooms revealed that both windows opened 22.5 centimetres to the outdoors.

The Administrator confirmed that the Home's expectation is that all windows to the outdoors should not open more than 15 centimetres.

The Administrator stated that she will connect with facilities to ensure that all windows to the outdoors cannot be opened more than 15 centimetres. [s. 16.]

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 57. Powers of Residents' Council



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Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations as evidenced by:

On April 22, 2014 at 0955 hours the minutes of the April 9, 2014 Resident Council Meeting were reviewed by Inspector #144 and discussed with resident #2014. The minutes included a resident council concern related to the dining room being cold and drafty.

Resident #2014 confirmed that there had not yet been a written response to the concern and she was not certain the issue had been resolved.

One staff from the Program and Therapy Services Department confirmed the written response had not been provided to date. [s. 57. (2)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

1. The licensee has failed to ensure that all hazardous substances at the home are labeled properly and are kept inaccessible to residents at all times as evidenced by:

On April 22, 2014 at 1025 hours, one unattended, unlocked housekeeping cart was observed outside the soiled utility room on a resident home area with chemical supplies accessible.

One staff and management personnel confirmed the cart should not have been left unlocked and unattended. [s. 91.]



WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).**
 - (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies and that is secure and locked as evidenced by:

On April 22, 2014 at 1020 hours prescription shampoo was observed in a tub room for resident's # 0210, 0211, 0212 and 0213.

Two staff advised the prescription shampoos are normally kept in the nurses treatment cart and should have been returned to the nurse when the resident baths were completed. [s. 129. (1) (a)]



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Issued on this 1st day of May, 2014

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

ALI NASSER