Ontario

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
Direction de l'amélioration de la performance et de la conformité

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☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public

Date(s) of inspection/Date de l'inspection	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
February 15, 17, 23, 2011	2011_109_2905_17Feb120708	Critical Incident

Licensee/Titulaire
Specialty Care Inc.
400 Applewood Crescent Suite 110
Vaughan, ON L4K 0C3
Phone 905-695-2930
Fax: 905-695-2940

Long-Term Care Home/Foyer de soins de longue durée
Bradford Valley
2656 Line 6
Bradford, ON L3Z 3H6
Fax: 905 775 0263

Name of Inspector(s)/Nom de l'inspecteur(s)
Susan Squires

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector spoke with: Administrator, Acting Director of Care, Corporate Nurse Consultant, Nurse Practitioner and PSW Staff.

During the course of the inspection, the inspector: Reviewed Health records of identified residents, observed residents with restraints.

The following Inspection Protocols were used in part or in whole during this inspection:
Falls Prevention
Minimizing of Restraints

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

4 - WN
2 - VPC
1 - CO: CO # 1

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 **O. Reg 79/10 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:**

1. **Staff apply the physical device in accordance with any manufacturer's instructions.**

Findings:

1. Identified residents did not have restraints applied according to manufacturer specifications.
2. There are no manufacturer instructions available to the staff on the care units.

Inspector ID #:	109

Additional Required Actions:
CO # - # 1 was served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN # 2: The Licensee has failed to comply with Long-Term Care Homes Act, S.O. 2007, c 8 s. 6 (10) (b) (c) 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,

(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:
An identified resident did not have a plan of care updated to reflect interventions for a physical restraint for over a month after restraint order was obtained from the physician.
There were no interventions in place for a resident at high risk of falls for supervision during toileting routines.

Inspector ID #:	109

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 all assessments of identified risk to residents have current plans of care in place, to be implemented voluntarily.

WN # 3: The Licensee has failed to comply with O. Reg. 79/10 s. 49(2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

Findings:

The licensee did not complete post falls assessments on identified high risk residents after falls with injuries were sustained.

Inspector ID #:	109

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 with the requirement for post fall assessments to be completed for all residents who have fallen. The plan is to include the requirement for the use of a clinically appropriate assessment instrument that is specifically designed for falls.

WN # 4: The Licensee has failed to comply with *Long-Term Care Homes Act, 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).

Findings:

An identified high risk resident was left unattended by staff while being toileted. The resident fell out of the chair and sustained a head injury.

Inspector ID #:	109

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. Mar 10, 2011
Title: Date:	Date of Report: (if different from date(s) of inspection)

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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

	☐ Licensee Copy/Copie du Titulaire ☒ Public Copy/Copie Public		
Name of Inspector:	Susan Squires	**Inspector ID #**	109
Log #:	272		
Inspection Report #:	2011_109_2905_17Feb120708		
Type of Inspection:	Critical Incident		
Date of Inspection:	February 15, 17, 23, 2011		
Licensee:	Specialty Care Inc		
LTC Home:	Bradford Valley		
Name of Administrator:	Luanne Campeau		

To Specialty Care Inc, you are hereby required to comply with the following order by the date set out below:

Order #:	1	**Order Type:**	Compliance Order, Section 153 (1)(a)

Pursuant to: O. Reg 79/10 110. (1) Every licensee of a long-term care home shall ensure that the following requirements are met with respect to the restraining of a resident by a physical device under section 31 or section 36 of the Act:

1. **Staff apply the physical device in accordance with any manufacturer's instructions.**

Order:

The licensee shall check all residents in the home who are using seat belt restraints to ensure that all restraints are applied according to manufacturer's instructions.
The staff of the home shall have ready access to manufacturer instructions on the proper application of restraints in use by the licensee.

Grounds:

1. **Residents were observed to have improper application of restraints.**
2. **There are no manufacturer instructions available to the staff on the care units.**

This order must be complied with by:	Immediately

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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 service for the Licensee.

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

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
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 group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Claire Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

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.

Issued on this 25 day of February , ~~2010~~ 2011	
Signature of Inspector:	
Name of Inspector:	Susan Squirrel
Service Area Office:	Toronto