



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

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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
Oct 15, 2013	2013_168202_0053	T-556-13	Complaint

Licensee/Titulaire de permis

SPECIALTY CARE - BRADFORD INC.
400 Applewood Crescent, Suite 110, VAUGHAN, ON, L4K-0C3

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

BRADFORD VALLEY
2656 6th Line, Bradford, ON, L3Z-3H5

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

VALERIE JOHNSTON (202)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 26, 27, 30, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (Acting), Assistant Director of Care, Physician, Dietitian, Registered Nursing Staff, Personal Support Workers, Laundry Aide

During the course of the inspection, the inspector(s) observed the provision of care to residents, reviewed clinical records, reviewed the home's policies related to nutrition and hydration, responsive behaviours,

The following Inspection Protocols were used during this inspection:



Nutrition and Hydration

Pain

Responsive Behaviours

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 O.Reg 79/10, s. 53. Responsive behaviours



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Specifically failed to comply with the following:

s. 53. (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:

- 1. Written approaches to care, including screening protocols, assessment, reassessment and identification of behavioural triggers that may result in responsive behaviours, whether cognitive, physical, emotional, social, environmental or other. O. Reg. 79/10, s. 53 (1).**
- 2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours. O. Reg. 79/10, s. 53 (1).**
- 3. Resident monitoring and internal reporting protocols. O. Reg. 79/10, s. 53 (1).**
- 4. Protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 53 (1).**

Findings/Faits saillants :



1. The licensee failed to ensure that written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours are developed to meet the needs of residents with responsive behaviours. [s.53.(1)2]

Resident #002's plan of care identifies this resident as exhibiting verbal and physical aggression toward residents and staff. A review of resident #002's progress notes for an identified period of time revealed 13 documented incidents of physical and verbal aggression toward co-residents and staff.

Staff indicated that they will attempt to redirect resident #002 when he/she becomes agitated, however indicated that there are no interventions developed to respond to his/her responsive behaviours. A review of resident #002's written plan of care identified resident #002's responsive behaviours, however staff are directed to monitor and document his/her behaviours on a 24 hour behaviour tracking tool. Registered staff interviews revealed that residents with responsive behaviours are to be monitored using a behavioural tracking tool and residents are to be referred to outside behavioural support teams for further assessment. Registered staff indicated that resident #002 was referred to Behavioural Supports Ontario (BSO) on an identified date, and had been assessed by the BSO several weeks later.

Registered staff interviews revealed that they have been directed to document any incident of responsive behaviours within the progress notes and initiate a 24 hour behavioural tracking tool. Registered staff indicated that there is no further assessment conducted unless a behavioural support team has been referred and there are no other behavioural assessment tools available for use in the home. Staff interviews indicated that they will respond to any resident to resident altercation by anticipating an altercation and redirecting the residents involved.

An interview with the Assistant Director of Care (ADOC) confirmed that the home does not have a responsive behaviour program, and will refer residents exhibiting behaviours outside the home. [s. 53. (1) 2.]



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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 written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours are developed to meet the needs of residents with responsive behaviours, to be implemented voluntarily.

Issued on this 15th day of October, 2013

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

A handwritten signature in black ink, appearing to be "J. H. H.", written in a cursive style.