



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 Performance Division Performance Improvement and Compliance Branch

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: Oct 3, 2013, 2013_183135_0050, L-000449-13, Follow up

Licensee/Titulaire de permis

MACGOWAN NURSING HOMES LTD 719 Josephine Street, P.O. Box 1060, WINGHAM, ON, N0G-2W0

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

BRAEMAR RETIREMENT CENTRE 719 Josephine Street North, R.R. #1, P.O. Box 1060, WINGHAM, ON, N0G-2W0

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

BONNIE MACDONALD (135)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 23, 2013

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, and Ward Clerk.

During the course of the inspection, the inspector(s) reviewed staffing schedules and resident care records.

The following Inspection Protocols were used during this inspection: Sufficient Staffing

Findings of Non-Compliance were found during this inspection.



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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 O.Reg 79/10, s. 31. Nursing and personal support services



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Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :



1. The Licensee failed to ensure that the staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work as evidenced by:

A review of the staffing schedules from July 25, 2013 to August 18, 2013 (25 days) revealed despite the current back-up plan being utilized, there were 11 shifts not filled or only partially filled when nursing and personal care staff did not come to work. Negative outcomes to residents were noted during this time as all residents did not receive 2 baths per week.

During an interview the Director of Care confirmed the home's present staffing plan was not working when staff shortages resulted in resident's not being provided 2 baths per week.

The Administrator confirmed his expectation that the staffing plan include a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work, ensuring a staffing mix that is consistent with resident's assessed care and safety needs. [s. 31. (3)]

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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :



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1. The Licensee failed to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff on the home is on duty and present in the home at all times as evidenced by the following:

Record review of staffing schedules from July 22, 2013 to August 18, 2013 (28 days) revealed that there were 13 shifts or 46.4% of the time the home did not have coverage with a registered nurse.

The Administrator confirmed, the home presently does not have a registered nurse to cover the night shift and is currently covering night shifts with a registered practical nurse.

During an interview the Administrator confirmed his expectation that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff on the home is on duty and present in the home at all times. [s. 8. (3)]

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 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 :



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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 as evidenced by the following:

Bathing records from August 8, 2013 to August 23, 2013 were reviewed for 5 residents and it was noted that 4 residents did not always receive 2 baths per week. The bathing records reflected that 7 baths were not provided for 4 of the 5 residents.

During an interview the Director of Care confirmed that baths were not always completed related to nursing and personal care shifts not being filled.

During an interview, the Administrator and the Director of Care confirmed their expectations 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 ensuring each resident of the home is bathed at minimum, twice a week by the method of his or her choice, to be implemented voluntarily.

Issued on this 3rd day of October, 2013

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

Bonnie Mac Donald