Ontario

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 performance du système de santé
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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 6, 2014	2014_229213_0029	L-000484-14	Complaint

Licensee/Titulaire de permis

~~DIVERSICARE VI LIMITED PARTNERSHIP~~ c/o Southbridge Management Services LP.
~~458 Glencairn Avenue, TORONTO, ON, M5N-1V7~~ 150 Water St. S. Suite 201. Cambridge, Ont. N1R 3E2

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

CHELSEY PARK (OXFORD) NURSING HOME
310 OXFORD STREET WEST, LONDON, ON, N6H-4N6

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

RHONDA KUKOLY (213)

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): May 5 & 6, 2014

During the course of the inspection, the inspector(s) spoke with the Director of Resident Care, the Staff Education Manager, 3 Registered Staff Members and a Family Member.

During the course of the inspection, the inspector(s) reviewed health records, policies, education records and the home's internal investigation notes.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition

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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with as evidenced by:

a) Record review and staff interview revealed a Resident was admitted to the home with a special care need. The Resident had ongoing daily pain, edema and discolouration.

b) Policy review revealed under Procedure:
Registered staff/health care aides:
1. Assesses the resident for changes in condition.
2. Notifies the Charge Nurse/delegate immediately if any changes are noted.
3. Documents assessments and findings in the Resident Progress Notes.

c) Staff interview with a Registered Staff Member revealed that the staff provided care; however, it was ineffective.

d) Record review and staff interview with a Registered Staff Member revealed there was no documentation of assessment of the Resident's condition.

e) The Director of Resident Care confirmed that it is an expectation that staff assess residents and document the assessment. [s. 8. (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 to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident as evidenced by:

a) Record review of a Resident's progress notes revealed the Resident had a special care need and had ongoing daily pain.

b) Record review revealed the care plan did not indicate appropriate interventions related to the special care need.

c) Record review revealed the care plan did not indicate appropriate interventions related to pain.

d) Record review revealed that the plan of care did not include directions related to advanced directives for example CPR, transfer to hospital.

e) The Director of Resident Care confirmed that it is an expectation that appropriate interventions are included in the plan of care. [s. 6. (1) (c)]

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Issued on this 7th day of May, 2014

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

Rhonda Kukoly