



**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

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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

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

Date(s) of Inspection/Date de l'inspection November 2, 3 and 4, 2010	Inspection No/ d'inspection 2010_170_2856_02Nov124447	Type of Inspection/Genre d'inspection Follow-up #L-01698
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Licensee/Titulaire
Revera Long Term Care Inc., 55 Standish Court, 8th Floor, Mississauga, ON L5R 4B2

Long-Term Care Home/Foyer de soins de longue durée
Columbia Forest Long-Term Care Centre, 650 Mountain Maple Avenue, Waterloo, ON N2V 2P7

Name of Inspector(s)/Nom de l'inspecteur(s)
Dianne Wilbee #170

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a follow-up inspection to March 25, 2010 Nursing Investigation and April 26, 2010 Nursing Investigation related to the following previously issued criteria:
A 1.11(2) – call bell response
A1.11(18) – safety related to supervision
B3.50 – toileting assistance
B2.4 – plan of care
B3.45 – pain management
June 22, 2009 Dietary Follow-up Visit - P1.27 not reviewed.

During the course of the inspection, the inspector spoke with: Administrator, Director of Care, Assistant Director of Care (2), Registered Practical Nurses, Personal Support Workers and Residents.

During the course of the inspection, the inspector: Reviewed residents' records, Observed provision of resident care specific to previously issued unmet criteria and Review of policies and procedures where applicable.

The following Inspection Protocols were used in part or in whole during this inspection:
Pain Management

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

- 2 WN
- 2 VPC

Corrected Non-Compliance are listed in the section titled Corrected Non-Compliance.

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 LTCHA, 2007, S.). 2007, c.8, s.6(1)(a)(b)(c)

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;
- (b) the goals the care is intended to achieve; and
- (c) clear directions to staff and others who provide direct care to the resident.

Findings:

The plan of care for identified residents did include the following:

- A use of a chair alarm was not included for an identified resident.
- RAI-MDS had been completed for an identified resident on October 20, 2010 and the plan of care updated. Directions for the resident's care were not provided through use of the current / updated plan of care as this plan of care had not been added to the plan of care binder as of November 4, 2010 as it was in a RAPS and Care Plans binder pending final registered staff signature.

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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 the plan of care sets out the required areas (a, b, c) above, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg. 79/10, s.52(1) 3.,4.

(1) The pain management program must, at a minimum, provide for the following:

1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.
2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.
3. Comfort care measures.
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

Findings:

- Documentation described a resident as exhibiting behaviours October 22, 2010 during bedtime

care and on the following shift October 23, 2010 during a treatment. The resident is known to have chronic pain and medical conditions which cause pain. The documentation did not reflect monitoring of the resident to determine if the behaviours related to a pain management need.

- A pain assessment was not completed for a resident during the third quarter review as per the home's "Pain Assessment and Symptom Management – Implementation policy" LTC-N-50. The resident has chronic pain and receives pain medication on a regular basis.
- A resident received thirty-eight additional doses of analgesic from October 2 to 31, 2010 for breakthrough pain. The Pain Flow (Monitoring) Sheet did not have entries since October 8, 2010 at 1010 hours to address the stability of the resident's pain as per the home's "Guidelines For Use Of Pain Monitoring Sheet" and promote evaluation of the resident's pain level and potential increase of the regular dose analgesic.

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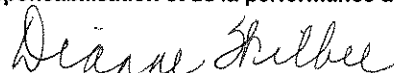
VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure resident's are monitored for the effectiveness of pain management strategies, to be implemented voluntarily.

**CORRECTED NON-COMPLIANCE
Non-respects à Corrigé**

REQUIREMENT EXIGENCE	TYPE OF ACTION/ORDER	ACTION/ORDER #	INSPECTION REPORT #	INSPECTOR ID #
A1.11(2), LTC Homes Program Manual, now found in LTCHA, 2007, S.O., c.8, s.3(4)	Unmet criterion	A1.11(2)	#L10077	#105
A1.11(18), LTC Homes Program Manual, now found in LTCHA, 2007, S.O., c.8, s.3(5)	Unmet criterion	A1.11 (18)	#L10077	#105
B3.50, LTC Homes Program Manual, now found in O.Reg. 79/10, s.51(2)(c)	Unmet criterion	B3.50	#L10077	#105

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.



Title: **Date:**

Date of Report: November 15, 2010