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

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 16, 2016	2016_178624_0022	020072-16, 021084-16, 019047-16	Complaint

Licensee/Titulaire de permis

CVH (No.6) GP Inc. as general partner of CVH (No.6) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

Port Perry Place
15941 Simcoe Street Port Perry ON L9L 1N5

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

BAIYE OROCK (624)

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): July 27, 28, 29, August 2, 3, 4 and 5, 2016

The following logs were inspected: Log # 019047-16 (concerns regarding responsive behaviours of a resident), log # 021084-16 (anonymous complaints on staffing levels), and log # 020072-17 (anonymous complaint re: staffing levels and improper care of a resident)

During the course of the inspection, the inspector(s) spoke with The Administrator, the Directors of Care, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Maintenance Personnel, and Residents.Dining room observations were completed. Documentation review was also completed for relevant policies and procedures, the licensee's complaint logs, staffing plan, staff schedules, food and hot water temperature logs was reviewed.

The following Inspection Protocols were used during this inspection:
Personal Support Services
Responsive Behaviours
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The Licensee has failed to ensure that the provision of care set out in the plan of care for resident # 014 was documented with regards to bathing.

Related to log # 021084-16

Resident #014 was admitted in the home on a specified date with a specific medical diagnosis. According to the resident's plan of care, resident #014 is supposed to have a bath on two specified days of the week. A review of the PSW documentation flow sheet over a specified six week period indicated that there was no documentation of resident # 014's bath eight out of the eleven times that the bath was supposed to be documented. A review of other health records of resident #014 did not indicate that the said documentation was found anywhere else.

In an interview with PSW #117, the PSW reported that the expectation is that at the end of the shift, all baths and showers provided have to be documented in the PSW documentation flow sheets. The PSW reported that resident #014 and all other residents, except otherwise indicated, always get their baths as scheduled. The PSW however acknowledged that someone must have forgotten to document the baths. The DOC also confirmed the expectation regarding documentation of baths and showers and acknowledged that the documentation was not done as per the expectation. [s. 6. (9) 1.]

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Issued on this 19th day of August, 2016

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

Original report signed by the inspector.