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 2, 2014	2014_253514_0009	L-000299-14	Resident Quality Inspection

Licensee/Titulaire de permis

CRAIGWIEL GARDENS
221 MAIN STREET, R. R. #1, AILSA CRAIG, ON, N0M-1A0

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

CRAIGHOLME
221 MAIN STREET, R. R. #1, AILSA CRAIG, ON, N0M-1A0

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

RUTHANNE LOBB (514), DEIRDRE BOYLE (504), SALLY ASHBY (520)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): March 25, 26, 27, 31, April 1, 2, 3, 4, 7, 8, 2014

Concurrent Critical Incident(2622-000004-14)was conducted by Inspector #520.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Resident Care, Assistant Director of Care, Director of Environmental Services, Director of Support Services, Director of Life Enrichment, Director of Finance, Registered Dietitian, Pharmacist, Office Clerk, Unit Clerk, 2 Registered Nurses, 5 Registered Practical Nurses, 3 Personal Support Workers, 2 Environments Services Staff, 40+ Residents and 5 Family Members.

During the course of the inspection, the inspector(s) conducted a tour of all resident home areas and common areas, medication room, observed resident care provision, resident-staff interactions, dining service, recreational activities, medication administration, medication storage areas, reviewed relevant residents' clinical records, posting of required information, relevant policies and procedures, as well as meeting minutes pertaining to the inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Food Quality
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
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.) 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. (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).

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee of the home has failed to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident as evidenced by:

On March 28, 2014, March 31, 2014, April 1, 2014, and April 2, 2014, 2 quarter side rails were observed in the up position for a resident. Signage above the resident's bed indicated that 1 side rail should be in the up position, during the day and night.

On April 2, 2014, during an interview with the resident, it was revealed that it is the resident's preference that 2 quarter rails are always raised for safety. This was confirmed by a Personal Support Worker.

The resident's plan of care did not provide direction to staff to raise 2 side rails when the resident was in bed, for safety and to reflect the resident's preference. This was confirmed by a Registered Practical Nurse. [s. 6. (1) (c)]

2. The licensee has failed to ensure that visual assessments are integrated and complement each other as evidenced by:

On March 27, 2014 a review of clinical data for a resident revealed the following:

a) Resident Assessment Instrument, identified that the resident's vision is impaired - sees large print but not regular print in newspapers or books.

b) Resident Assessment Instrument, for the same resident, identified that the resident's vision is adequate - sees fine detail, including regular print on newspapers or books.

c) On April 3, 2014 the resident's current care plan was reviewed and it was confirmed by a Registered Practical Nurse, that the current plan of care did not address visual impairment.

d) Through record review and interviews with two Registered Practical Nurses it was revealed that they were unable to confirm that the resident has impaired vision.

On March 27, 2014 a review of clinical data for a second resident revealed the following:

a) Resident Assessment Instrument, identified that the resident's vision is impaired - sees large print, but not regular print in newspapers or books.

b) Resident Assessment Instrument, identified that the resident's vision is adequate - sees fine detail, including regular print in newspapers or books.

c) Through interview with the resident it was revealed that the resident's vision is impaired and this was confirmed by a Registered Nurse.

On April 8, 2014 a review of clinical data for a resident revealed the following:

a) Resident Assessment Instrument, identified that the resident's vision is impaired - sees large print.

b) Resident Assessment Instrument, for the same resident,identified that the resident's vision is adequate - no glasses.

c) A Registered Practical Nurse spoke with the resident's Power of Attorney, who confirmed that the resident has visual difficulties with or without glasses, and has requested to see an optometrist. [s. 6. (4) (a)]

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 the staff and others involved in the different aspects of care of the resident collaborate with each other, in assessment of the resident so that their assessments are integrated and complement each other; and that there is a written plan of care for each resident that is consistent and sets out clear directions to staff and others who provide direct care to the residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home furnishings and equipment are kept clean and sanitary as evidenced by:

On April 3, 2014 at 1430 hours, it was observed that the ceiling air vents were partly occluded with dirt in the following areas:

Bottom Wing Tub room, Middle Wing Spa Room, and Room 39.

Interviews with the Director of Support Services and with the Director of Environmental Services revealed that the expectation is that all air vents be kept clean. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment are

maintained in a safe condition and in a good state of repair as evidenced by:

On April 1, 2014, at 1400 hours, an audit of residents' rooms and resident common areas revealed the following:

Caulking around areas at the base of resident toilets was stained, missing or damaged in the following rooms:
Rooms 2, 5,10,12,15, 17,18,19, 24,26,27,28,31,34,37,39,41,42.

Caulking around areas at the base of the sink were damaged or parts were missing in Rooms 26, 39 and 42.

Bathroom sinks were chipped in Rooms 10 and 16.

Paint was chipped off doors and door frames in the following rooms:
Rooms 1, 3, 9,10,11,15,17,19, 20, 24, 25, 26, 27, 29, 33, 35, 37, 38, Resident Washroom outside of the Dining Room, as well as the fire doors on Top, Middle and Bottom Wing.

Paint was chipped off of the bathroom doors and bathroom door frames in the following resident rooms:
Rooms 2, 3, 4, 5, 7, 10, 11, 12, 16, 19, 24, 26, 27, 28, 29, 31, 32, 33, 34, 37, 38, 41

Wall surfaces were damaged, scraped and paint was removed in the following resident rooms:
Rooms 2, 3, 4, 5,10, 11,15,16,17, 19, 24, 26, 27, 28, 29, 31, 32, 37, 38, 39, 40, 41, 43

Doorways and walls entering the dining area were scraped and damaged.

The wall on Top Wing, between the Exercise Room and the Clean Utility Room was cracked and paint was peeling from the ceiling to the floor.

The lower wall between Room 17 and 18 was dented and cracked.

The ceiling tiles in the hallway, outside of Room 5 and the Clean Utility Room were stained.

The walls in the hallway outside of the Dining Room had black marks on them.

The baseboard in Room 5 was missing and the baseboards in Rooms 19 and 34 were peeling away from the wall.

Duct tape was securing baseboards in Rooms 27 and 34.

The floor tiles in Rooms 19, 20, 23, 25, 27, 32, 33 were chipped.

The Executive Director and Director of Environmental Services indicated awareness of the need for the home's maintenance repairs and the Executive Director indicated that discussion was taking place to address the need for painting repairs. [s. 15. (2) (c)]

3. On April 3, 2014 at 1000 hours, it was observed that there was low lighting levels in the following bathrooms in resident rooms:
Rooms 15, 27, 33, 39, and 41.

The Director of Environmental Services observed these resident bathrooms, and confirmed that the lighting levels were low. [s. 15. (2) (c)]

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 the home furnishings and equipment are kept clean and sanitary; and the home furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).
(b) is on at all times; O. Reg. 79/10, s. 17 (1).
(c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).
(d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).
(e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).
(f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is equipped with a resident-staff communication and response system that is available in every area accessible by residents as evidenced by:

On March 27, 2014 at 1230 hours, during a tour of all home areas, it was observed that 4/7 (57%) common areas in the home were not equipped with a resident-staff communication and response system that is available in every area accessible by residents.

The Executive Director and Director of Environmental Services acknowledged that the home's expectation is that all areas accessible by residents will have a resident-staff communication and response system and confirmed that the system is not in place.

The Executive Director and Director of Environmental Services indicated that the home is currently reviewing wireless call bell options for possible installation in the home. [s. 17. (1) (a)]

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 resident-staff communication system/call bells can be easily accessed and used by residents at all times, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the person who had reasonable grounds to suspect that any of the following has occurred or may occur, shall immediately report the suspicion and the information upon which it was based to the Director. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or risk of harm.

On April 2, 2014, an interview with the Director of Resident Care, revealed that an incident of resident to resident abuse was not reported to the Director.

The Director of Resident Care and the Executive Director confirmed that the home's expectation is that any suspected abuse be immediately reported to the Director. [s. 24. (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 reports are submitted to the Ministry in accordance with the time lines as stated in the legislation, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 34. Oral care
Specifically failed to comply with the following:

s. 34. (1) Every licensee of a long-term care home shall ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes,
(a) mouth care in the morning and evening, including the cleaning of dentures; O. Reg. 79/10, s. 34 (1).
(b) physical assistance or cuing to help a resident who cannot, for any reason, brush his or her own teeth; and O. Reg. 79/10, s. 34 (1).
(c) an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision-maker, if payment is required. O. Reg. 79/10, s. 34 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that each resident of the home receives oral care to maintain the integrity of the oral tissue that includes an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision maker, if payment is required, as evidenced by:

On April 8, 2014 it was revealed that a resident was identified as having loose fitting dentures and oral pain on the current plan of care and the care plan revealed the expectation that the resident would be referred to a dentist if required. The resident had not been offered a dental assessment and it was also revealed that the resident had not been offered an annual dental assessment. This was confirmed by the Director of Resident Care. [s. 34. (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 each resident of the home receives an offer of an annual dental assessment and other preventive dental services, subject to payment being authorized by the resident or the resident's substitute decision maker, if payment is required, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident received a continence assessment using a clinically appropriate instrument that is specifically designed for the assessment of incontinence as evidenced by:

On March 27, 2014, through review of the clinical record it was revealed that a resident has not received a continence assessment. This was confirmed by a Registered Nurse. The home's policy (Continence Care Program Subsection 12.1, dated 11/13) requires residents to receive a quarterly continence assessment and this resident did not receive a quarterly continence assessment. This was confirmed by the Director of Resident Care. [s. 51. (2) (a)]

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 each resident of the home receive a continence assessment, using a clinically appropriate instrument that is specifically designed for the assessment of incontinence, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services

Specifically failed to comply with the following:

s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).

s. 90. (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(d) all plumbing fixtures, toilets, sinks, grab bars and washroom fixtures and accessories are maintained and kept free of corrosion and cracks; O. Reg. 79/10, s. 90 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that there are schedules and procedures in place for routine, preventive and remedial maintenance as evidenced by:

On March 27, 2014, a review of the home's Preventative Maintenance policies and procedures failed to identify any schedules and procedures in place for routine, preventive and remedial maintenance of resident rooms and bathrooms, and common areas.

The Director of Environment Services confirmed that there are no schedules and procedures in place for routine, preventive and remedial maintenance of resident rooms, bathrooms, and common areas.

The Manager of Environmental Services indicated that there are no policies and procedures in place for preventative and remedial maintenance of resident rooms and common areas and also acknowledged that schedules for routine preventative maintenance of resident rooms and bathrooms, including painting and drywall repairs, are not in place. [s. 90. (1) (b)]

2. On April 7, 2014, it was observed by Inspector #514 and confirmed by the Director of Environmental Services, that many lower windows in the resident rooms and common areas have cracked seals, are drafty to touch, and some windows have tape along the windows.

The Director of Environmental Services confirmed that there are no policies and procedures in place for managing home temperatures and that there are no schedules or audits in place to ensure the temperatures in the home are maintained at a minimum temperature of 22 degrees Celsius. [s. 90. (1) (b)]

3. Review of MedicalMart Bed Survey Audit dated March 1, 2013 demonstrated 16 of 84 (19%) beds in the home failed entrapment testing.

Although the Director of Resident Care and the Director of Environmental Services confirmed that the repairs on the failed beds (mattresses replaced, beds replaced) were completed, the home was unable to provide written documentation to verify these repairs had been made.

The Director of Environmental Services confirmed that although monthly audits of beds and side rails are completed, there is no documentation to support the

completion of the audits and no schedules and procedures in place for routine, preventive and remedial maintenance of resident beds. [s. 90. (1) (b)]

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 as a part of the organized program of maintenance services, there are schedules and procedures in place for routine, preventive and remedial maintenance, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies, and that is secure and locked, as evidenced by:

On March 26, 2014 at 1340 hours, an unlabelled medication treatment cream was observed in a resident's shared bathroom. The unlabelled medicated cream was brought to the attention of the Registered Practical Nurse who confirmed that the unlabelled medicated cream should not be left in the resident's shared bathroom. [s. 129. (1) (a)]

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 all medications are stored in an area or in a medication cart that is used exclusively for drugs and drug-related supplies, and that is secure and locked, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

On April 1, 2014, it was observed that a resident had soiled washcloths on the bed headboard. This was verified by a Registered Nurse who stated the expectation of the home is to remove soiled washcloths. [s. 229. (4)]

2. The licensee has not ensured staff complied with infection control practices regarding the labelling and storage of residents personal care items as evidenced by:

On March 26, 2014 the following was observed:

In a resident's room, an unlabelled denture cup, hairbrush, drinking cup and 2 unlabelled blue wash basins in the shared bathroom. This was confirmed by a Personal Support Worker.

In a resident's room, an unlabelled denture cup, bottle of lotion, and 2 blue basins were in the shared bathroom. One of the four residents who share that bathroom is MRSA positive. This was confirmed by a Personal Support Worker.

In a resident's room, an unlabelled denture cup and hairbrush in the shared bathroom.

In a resident's room, an unlabelled toothbrush and cup were in the shared bathroom.

In a resident's room, an unlabelled comb and bottle of lotion in the shared bathroom.

In the Middle Wing Spa Room, an unlabelled bottle of lotion was observed and confirmed by a Health Care Aid.

Through interview with the Assistant Director of Care, it was revealed that it is the home's expectation that all personal care items are labeled. [s. 229. (4)]

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 all staff participate in the implementation of the infection control program, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 27. Care conference

Specifically failed to comply with the following:

s. 27. (1) Every licensee of a long-term care home shall ensure that,
(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and his or her substitute decision-maker, if any; O. Reg. 79/10, s. 27 (1).
(b) the resident, the resident's substitute decision-maker, if any, and any person that either of them may direct are given an opportunity to participate fully in the conferences; and O. Reg. 79/10, s. 27 (1).
(c) a record is kept of the date, the participants and the results of the conferences. O. Reg. 79/10, s. 27 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a record is kept of the date, the participants, and the results of the Annual Resident Care Conference as evidenced by:

On April 7, 2014, the Assistant Director of Care and Director of Resident Care confirmed that they were unable to locate the completed annual electronic or paper record of the results and of the participants of the 2013 Resident Care Conference for two residents. [s. 27. (1)]

WN #11: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 60. Powers of Family Council

Specifically failed to comply with the following:

s. 60. (2) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing. 2007, c. 8, s. 60. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that within 10 days of receiving Family Council advice related to concerns or recommendations, that the licensee responds to the Family Council in writing as evidenced by:

On March 31, 2014 at 1130 hours, an interview with the the Director of Life Enrichment revealed that concerns are not addressed in writing within 10 business days by the licensee.

On April 2, 2014 at 1030 hours, an interview with a Family Council Representative revealed that concerns are not addressed in writing within 10 business days by the licensee.

The Executive Director comfirmed the home's expectation that any concerns that are brought forward to the home by a Family Council representative, be addressed in writing within 10 business days by the licensee. [s. 60. (2)]

WN #12: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits saillants :

1. The licensee has failed to ensure to seek the advice of the Family Council, in developing and carrying out the survey.

On March 31, 2014 at 1130 hours, an interview with the Director of Life Enrichment revealed that the home had not sought advice from the Family Council in developing the Family Satisfaction Survey.

On April 2, 2014 at 1030 hours, an interview with a Family Council Representative revealed that the Family Council has not been consulted in the development of the Family Satisfaction Survey. [s. 85. (3)]

Issued on this 5th day of May, 2014

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

R Lobb