



**Inspection Report
under the Long-Term
Care Homes Act, 2007**

**Rapport d'inspection
prevue 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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7

Bureau régional de services de Hamilton
119, rue King Ouest, 11^{ème} étage
Hamilton ON L8P 4Y7

**Ministère de la Santé et des Soins de
longue durée**

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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	Inspection No/ d'inspection	Type of Inspection/Genre d'inspection
January 6, 2011	2011_192_2660_06Jan093938	Complaint H - 02477, H - 02739, H - 02726, H - 02727

Licensee/Titulaire
Delhi Nursing Home Limited, 750 Gibraltar Street, Delhi, Ontario, N4B 3B3

Long-Term Care Home/Foyer de soins de longue durée
Delhi Long Term Care Home, 750 Gibraltar Street, Delhi, Ontario, N4B 3B3

Name of Inspector(s)/Nom de l'inspecteur(s)
Debora Saville Nursing Inspector #192

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a complaint inspection.

During the course of the inspection, the inspector spoke with: The Administrator, Assistant Director of Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers and residents

During the course of the inspection, the inspector: Reviewed medical records, policy and procedure, incident and investigation notes.

The following Inspection Protocols were used during this inspection: Prevention of Abuse, Neglect and Retaliation, and Pain Inspection Protocol,

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

6 WN
4 VPC
3 CO: CO # 001, #002. #003.

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'exigences 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, O. Reg 79/10 s. 8 (1) a

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 all applicable requirements under the Act;

Findings:

The homes "Resident Abuse" policy dated February 2009 does not include the following components:

- i) a program, that complies with the regulations, for preventing abuse and neglect
- ii) an explanation of the duty under section 24 of the Act to make mandatory reports
- iii) procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.
- iv) training and retraining requirements for all staff, including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care
- v) training and retraining requirements for all staff, including, situations that may lead to abuse and neglect and how to avoid such situations
- vi) identifies measures and strategies to prevent abuse and neglect;

Inspector ID #: Nursing Inspector #192

CO # - [001] will be/was served on the licensee. Refer to the "Order(s) of the Inspector" form.

WN #2: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s. 23(2)

A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b)

Findings:

A complaint was received by the home, from a family member. The incident was investigated by the home, and actions taken. The results of the investigation and action taken were not reported to the Director.



Inspector ID #:	Nursing Inspector #192
Additional Required Actions:	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance, ensuring that the results of every investigation under clause (1)(a) and every action taken under clause (1) (b), to be implemented voluntarily.</p>	

<p>WN #3: The Licensee has failed to comply with <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s. 6(1)(c)</p>	
<p>Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,</p> <p style="padding-left: 40px;">(c) clear directions to staff and others who provide direct care to the resident.</p>	

Findings:	
<p>A specified resident has documented episodes of pain that resulted in changes in mobility status. The progress notes indicate that the use of heat was helpful for relief of pain in a specified location. This non-pharmaceutical intervention is not included in the plan of care or communicated to care providers. Changes in mobility for the specified resident, as identified in the documentation have not been included in the plan of care and communicated to staff; there is no evidence of an updated mobility assessment.</p> <p>A physiotherapy note for a specified resident indicates that the resident requests staff to push them to the dining room while sitting on a walker. The physiotherapist has identified that this is an unsafe practice – this information is not communicated to care providers, or included in the plan of care.</p>	

Inspector ID #:	Nursing Inspector #192
Additional Required Actions:	
<p>VPC – pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensuring that any resident whose care needs change or care set out in the plan is no longer necessary, has their care plan updated to reflect current needs and interventions, to be implemented voluntarily.</p>	

<p>WN #4: The Licensee has failed to comply with <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s. 6(10)(b)</p>	
<p>The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,</p> <p style="padding-left: 40px;">(b) the resident's care needs change or care set out in the plan is no longer necessary;</p>	

Findings:	
<p>Pain management plan of care was initiated for a specified resident - there is no indication of a review of the plan of care since it was initiated in spite of the resident's complaints of ongoing pain, changes in mobility and frequent falls.</p>	

Inspector ID #:	Nursing Inspector #192
Additional Required Actions:	
<p>VPC - pursuant to the <i>Long-Term Care Homes Act, 2007</i>, S.O. 2007, c.8, s.152(2) the licensee is hereby</p>	

requested to prepare a written plan of correction for achieving compliance ensuring that any resident whose care needs change or care set out in the plan is no longer necessary, has their care plan updated to reflect current needs and interventions, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, O. Reg 79/10, s. 26(3)10 26(3)10.

A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Health conditions, including allergies, pain, risk of falls and other special needs.

Findings:

The plan of care for a specified resident, does not address this resident's pain, changes in mobility, or effective non-pharmaceutical interventions identified in the progress notes.

The home's pain management policy requires completion of an interdisciplinary assessment – this was not completed for the specified resident in spite of an increase in falls, changes in mobility and complaints of pain. For a specified resident there is no indication of referral to physiotherapy or the Falls Prevention Committee related to changes in mobility.

During interview with Registered Practical Nurses and the Administrator it was confirmed that Pain Assessments are routinely not completed for residents of the home.

Inspector ID #:	Nursing Inspector #192
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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 by ensuring that a plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: health conditions, including allergies, pain, risk of falls and other special needs, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with *Long-Term Care Homes Act, 2007*, O. Reg 79/10, s. 52(2)

Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Findings:

During a review of documentation on a specified resident it was identified that no pain assessments had been completed for the resident since January 17, 2010.

Documentation reviewed indicates frequent episodes of pain. There is no subsequent pain assessment.

During a review of documentation on a specified resident it was identified that no pain assessments were completed.

The Physician's Order sheet indicates a pain assessment was ordered by the physician, no pain assessment was completed.

An analgesic flow sheet was noted to be with the resident's Medication Administration Record but had not been completed.

During a review of documentation on a specified resident it was identified that no pain assessment had been completed for the resident in spite of documentation to indicate that pain was present in a variety of locations



and the resident was seen by the physician related to the presence of pain.

During interview with the Administrator and Registered Practical Nurses it was confirmed that pain assessments are not being completed in the home.

The homes Pain Management policy indicates that assessment should be completed quarterly, annually and with any change in condition. None was completed.

Inspector ID #: Nursing Inspector #192

Additional Required Actions:

CO # - [003] will be served on the licensee. Refer to the "Order(s) of the Inspector" form.

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.	
		<i>Beville</i>	
Title:	Date:	Date of Report: (if different from date(s) of inspection).	
		<i>May 10, 2011</i>	



Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Inspector:	Debora Saville	Inspector ID # 192
Log #:	H - 02477, H - 02739, H - 02726, H - 02727	
Inspection Report #:	2011_192_2660_06Jan093938	
Type of Inspection:	Complaint	
Date of Inspection:	January 6, 2011	
Licensee:	Delhi Nursing Home Limited, 750 Gibraltar Street, Delhi, Ontario, N4B 3B3	
LTC Home:	Delhi Long Term Care Home, 750 Gibraltar Street, Delhi, Ontario, N4B 3B3	
Name of Administrator:	Hanna Lammel-Joseph	

To Delhi Nursing Home Limited, you are hereby required to comply with the following orders by the dates set out below:

Order #:	001	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: O. Reg 79/10 s. 8 (1) a			
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,			
<ul style="list-style-type: none"> a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; 			
Order:			
The licensee shall immediately revise the homes Abuse Policy to ensure that the policy is in compliance with and is implemented in accordance with all applicable requirements under the Act. Including but not limited to the items identified under "Grounds" as being absent from the current policy.			
Grounds:			
The homes "Resident Abuse" policy dated February 2009 does not include the following components:			
<ul style="list-style-type: none"> i) a program, that complies with the regulations, for preventing abuse and neglect 			



Ministry of Health and Long-Term Care

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Performance Improvement and Compliance Branch

Ministère de la Santé et des Soins de longue durée

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

- ii) an explanation of the duty under section 24 of the Act to make mandatory reports
- iii) procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.
- iv) training and retraining requirements for all staff, including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care
- v) training and retraining requirements for all staff, including, situations that may lead to abuse and neglect and how to avoid such situations
- vi) identifies measures and strategies to prevent abuse and neglect;

This order must be complied with by: Immediately

Order #: 002	Order Type: Compliance Order, Section 153 (1)(b)
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Pursuant to: O. Reg 79/10 s. 8 (1) a

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 all applicable requirements under the Act;

Order:

The licensee shall submit a plan for the communication of the contents of the revised Abuse Policy to all staff, residents and families and shall include in the plan the monitoring of the program to ensure that the policy is complied with.

This plan is to be submitted electronically to Debora Saville, Nursing Inspector, Hamilton Service Area Office at Debora.saville@ontario.ca, by the end of business on May 17, 2011.

Communication and training on the policy to be completed 2 weeks (May 31, 2011) following submission of the plan.

Grounds:

The homes "Resident Abuse" policy dated February 2009 does not include the following components:

- i) a program, that complies with the regulations, for preventing abuse and neglect
- ii) an explanation of the duty under section 24 of the Act to make mandatory reports
- iii) procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents.
- iv) training and retraining requirements for all staff, including, training on the relationship between power imbalances between staff and residents and the potential for abuse and neglect by those in a position of trust, power and responsibility for resident care
- v) training and retraining requirements for all staff, including, situations that may lead to abuse and neglect and how to avoid such situations
- vi) identifies measures and strategies to prevent abuse and neglect;

This order must be complied with by: Plan to be completed May 17, 2011,



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Direction de l'amélioration de la performance et de la conformité

Order #:	003	Order Type:	Compliance Order, Section 153 (1)(a)
Pursuant to: <i>Long-Term Care Homes Act, 2007, O. Reg 79/10, s. 52(2)</i>			
Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.			
Order:			
The licensee shall ensure that residents specified have pain assessments completed immediately and that all other residents of the home who may be experiencing pain will be assessed and reassessed according to the requirements of the applicable legislation.			
Grounds:			
During a review of documentation on a specified resident it was identified that no pain assessments had been completed for this resident. Documentation reviewed indicates frequent episodes of pain. There is no subsequent pain assessment.			
During a review of documentation on a specified resident it was identified that no pain assessments were completed.			
The Physician's Order sheet indicates a pain assessment was ordered by the physician, no pain assessment was completed.			
An analgesic flow sheet was noted to be with the residents Medication Administration Record but had not been completed.			
During a review of documentation on a specified resident it was identified that no pain assessment had been completed for this resident in spite of documentation to indicate that the resident has multiple pain sites and was seen by the physician related to pain.			
During interview with the Administrator and Registered Practical Nurses it was confirmed that pain assessments are not being completed in the home.			
The homes Pain Management policy indicates that assessment should be completed quarterly, annually and with any change in condition. None was completed.			
This order must be complied with by:		Immediately	

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this(these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.



The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for service for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 Ministry of Health and Long-Term Care
 55 St. Clair Ave. West
 Suite 800, 8th floor
 Toronto, ON M4V 2Y2
 Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent group of members not connected with the Ministry. They are appointed by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with the notice of the Director's decision, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board and the
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

Director
 c/o Appeals Clerk
 Performance Improvement and Compliance Branch
 55 St. Claire Avenue, West
 Suite 800, 8th Floor
 Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 10 th day of May, 2011.	
Signature of Inspector:	<i>Deborah Saville</i>
Name of Inspector:	Deborah Saville Nursing Inspector
Service Area Office:	Hamilton Service Area Office Ministry of Health and Long Term Care Performance, Improvement and Compliance Branch 119 King Street West, 11 th Floor Hamilton, Ontario, L8P 4Y7