



**Ministry of Health and
Long-Term Care**

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

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

**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
Direction de l'amélioration de la
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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
Oct 8, 2014	2014_271532_0030	L-001125-14	Resident Quality Inspection

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
1090 MORAND STREET, WINDSOR, ON, N9G-1J6

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

ERRINRUNG NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME
LIMITED PARTNERSHIP
67 Bruce Street, P.O. Box 7069, THORNBURY, ON, N0H-2P0

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

NUZHAT UDDIN (532), DOROTHY GINTHER (568), SHARON PERRY (155)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): August 20, 21, 22, 25, 26, 27, 28, 29 2014

During the course of the inspection, the inspector(s) spoke with the General Manager, Director of Care, Resident Service Coordinators, Restorative Care Coordinator, Food Services Manager, Acting Environmental Service Manager, Registered Dietitian, Program Director, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Behavioural Support Ontario Registered Nurse (BSO RN), Dietary Aide, Maintenance staff, Nurse's Aide, Family Council Representative and Resident Council Representative, Residents and Family Members.

During the course of the inspection, the inspector(s) toured the resident home areas and common areas, medication rooms, the kitchen, the servery, spa rooms, observed resident care provision, resident/staff interaction, dining services, 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, and observed general maintenance and cleaning of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Accommodation Services - Maintenance
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Prevention of Abuse, Neglect and Retaliation
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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: 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 were kept clean and sanitary.

A) The Following observations were noted during a tour of the home:

- An identified room floor had water damage and the perimeter of the floor was soiled with dirt trapped in the crevices.
- An identified room floor was soiled and had yellow stains.
- Flooring in the washrooms in an identified resident's room was soiled with dirt trapped in the crevices.
- Dusty ceiling fan in the shared washroom in an identified resident's room.

The General Manager confirmed the above observations during a tour and reported that the home furnishings and equipment were not clean and sanitary. [s. 15. (2) (a)]

2. The licensee has failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

A) During observations of the home the following were noted:

- Gouges and unfinished repair to walls in an identified room.
- Water damage to floor in the bathroom between two identified rooms.
- Flooring coming away from the wall in an identified room.
- Broken tiles and stained grout in an identified room.

The General Manager confirmed the above observations during a tour of the home and reported that furnishings and equipment were not in a good state of repair . [s. 15. (2) (c)]



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

WN #2: 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 the resident who is incontinent received an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident require.

A) A clinical record review stated that an identified resident was incontinent.

A review of clinical record revealed that there was no continence assessment completed for the identified resident.

Interview with the Director of Care revealed that the home used to complete a continence assessment, however, it was discontinued.

The Resident Services Coordinator confirmed there was no continence assessment being completed including identification of causal factors, patterns, type of continence and potential to restore function with specific interventions. (532)

B) A clinical record for another identified resident revealed that the resident was incontinent.

Record review indicated that there was no documented continence assessment for the identified resident conducted using a clinically appropriate assessment instrument.

The Resident Services Coordinator confirmed that the resident did not have a continence assessment completed since their admission to the home. [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 the resident who is incontinent received an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident require, to be implemented voluntarily.

WN #3: 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 seek the advice of the Residents' Council in developing and carrying out the satisfaction survey, and in acting on its results.

A) In an interview with the Resident Council and Family Council Representative shared that they were not consulted in developing and carrying out the satisfaction surveys and were not aware of the surveys.

In an interview the General Manager confirmed that the licensee was not aware that they had to consult and seek the advice of the Residents' and Family Council in developing and carrying out the satisfaction surveys. However, starting this year both the Family Council and Resident Council will be consulted in developing the surveys.
[s. 85. (3)]



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 the licensee seeks the advice of the Residents' Council and Family Council in developing and carrying out the satisfaction survey, and in acting on its results, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 134. Residents' drug regimes

Every licensee of a long-term care home shall ensure that,

(a) when a resident is taking any drug or combination of drugs, including psychotropic drugs, there is monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs;

(b) appropriate actions are taken in response to any medication incident involving a resident and any adverse drug reaction to a drug or combination of drugs, including psychotropic drugs; and

(c) there is, at least quarterly, a documented reassessment of each resident's drug regime. O. Reg. 79/10, s. 134.

Findings/Faits saillants :

1. The licensee has failed to ensure that at least quarterly, there was a documented reassessment of each resident's drug regime.

A) Review of clinical record for an identified resident revealed that there was no documented reassessment of the drug regime for the identified period of time.

The Director of Care confirmed that the Three Month Medication Review records for the identified periods had not been completed or signed by the physician to ensure that there was a documented reassessment of the identified resident's drug regime. [s. 134. (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 at least quarterly, there is a documented reassessment of each resident's drug regime, to be implemented voluntarily.

WN #5: 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. (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).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :



1. The licensee has failed to ensure that each resident admitted to the home was 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.

A) An identified resident who was admitted to the home had screening completed while they were away from home.

The Director of Care confirmed that the resident was not screened within the identified period of time.

[s. 229. (10) 1.]

2. The licensee has failed to ensure that staff are screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

A) A policy indicated that new employees were required to have screening prior to their start date where possible or within fourteen days of start.

Review of three employee files revealed that two out of the three employees were not screened prior to starting work.

The Director of Care confirmed that these staff were not screened in accordance with evidence-based practices and as outlined in the Home's policy. [s. 229. (10) 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 each resident admitted to the home was 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., to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care



Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that the plan of care related to pain was based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs.

A) Clinical record stated that an identified resident had pain and they were receiving medication for pain.

In an interview the identified resident reported that they had pain.

In an interview a Nurse's Aide reported that the resident complained of pain.

However, upon review of the clinical record it was noted that there was no plan of care related to pain.

Director of Care confirmed that there was no plan of care related to pain and the expectation was to have a plan of care based on an interdisciplinary assessment with respect to the resident's health conditions. [s. 26. (3) 10.]

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 87.

Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that procedures are developed and implemented for addressing incidents of lingering offensive odours.

A) Observation of the shared washroom for the identified rooms revealed the presence of lingering odours.

During a tour of the home the General Manager confirmed the presence of lingering offensive odours in the identified rooms. [s. 87. (2) (d)]

2. The licensee has failed to ensure that procedures were developed and implemented for addressing incidents of lingering offensive odours.

B) Observation of the shared washroom for another identified room revealed the presence of lingering odours.

Interview with the General Manager / Acting Environmental Services Manager revealed that the Home's had a process for addressing lingering odours.

During a tour of the home the General Manager confirmed that procedures were not implemented to manage the lingering offensive odours in the shared washroom. [s. 87. (2) (d)]

Issued on this 8th day of October, 2014

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