



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 prévue le Loi de 2007 les foyers de soins de longue

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 performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4ième étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jul 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 31, Aug 1, 2, 2012; 2012_089115_0035; Resident Quality Inspection

Licensee/Titulaire de permis

EXTENDICARE SOUTHWESTERN ONTARIO INC
3000 STEELES AVENUE EAST, SUITE 700, MARKHAM, ON, L3R-9W2

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

EXTENDICARE PORT STANLEY
4551 EAST ROAD, PORT STANLEY, ON, N5L-1J6

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

TERRI DALY (115), ELISA WILSON (171) SANDRA Fysh (190)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator/Director of Care/Support Services Manager, RAI Coordinator, Dietary Manager, Nursing Clerk, Physiotherapy Assistant, Activation Manager, 3 Registered Nurses, 3 Registered Practical Nurses, 13 Personal Support Workers, 1 Laundry Aide, 2 Housekeeping Aides, Maintenance, 1 Dietary Aide, 1 cook, the Physiotherapist, Registered Dietitian, Activation Manager, 3 family members, 1 volunteer and 41 residents.

During the course of the inspection, the inspector(s) conducted a tour of the home, including all resident areas and common areas, observed medication administration and drug storage area, observed meal service and observed residents and the care provided to them. The inspectors also reviewed medical records and plans of care for identified residents, reviewed policies and procedures of the home, reviewed minutes of meetings pertaining to the inspection and observed the general maintenance, cleaning and condition of the home related to inspection Log# L-000463-12.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Laundry

Accommodation Services - Maintenance



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 prévue le Loi de 2007 les foyers de soins de longue

- Admission Process
- Continence Care and Bowel Management
- Dignity, Choice and Privacy
- Dining Observation
- Falls Prevention
- Family Council
- Hospitalization and Death
- Infection Prevention and Control
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Personal Support Services
- Quality Improvement
- Recreation and Social Activities
- Resident Charges
- Residents' Council
- Responsive Behaviours
- Safe and Secure Home

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 30. Protection from certain restraining

Specifically failed to comply with the following subsections:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

- 1. Restrained, in any way, for the convenience of the licensee or staff.**
- 2. Restrained, in any way, as a disciplinary measure.**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36.**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**

Findings/Faits saillants :

1. The licensee had not ensured that all residents of the home were:

Restrained by the use of a physical device, other than in accordance with section 31.

A resident was using a wheelchair seatbelt, that due to deterioration in mobility the resident was no longer able to release independently. Recently the seatbelt was changed to make it easier for release, however staff indicated that the resident is still unable to release the belt independently. The resident was added to the list of residents currently using a restraint according to staff, however not all of the requirements under section 31 of the Act for the use of a restraint were implemented.

For example the following were not included in the resident's plan of care: an assessment of the significant risk to the resident if not using a restraint, alternatives to restraining, resident monitoring, and documentation regarding the releasing and repositioning of the resident.

Staff confirmed the resident's record did not have a full assessment documented, including the above information, regarding the use of the seatbelt restraint.
[LTCHA, 2007, S.O. 2007, c.8, s.30.(1)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 that residents are only restrained by use of a physical device in accordance with section 31, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) 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 applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee had not ensured that any plan, policy, protocol, procedure, strategy or system has been complied with.

The home's procedure regarding the documentation of special supplements on the food and fluid monitoring sheets was not consistently complied with by staff. The manager confirmed the procedure for recording any special supplement was to, enter that information in the line "special label item". The July 3, 2012 nursing practice meeting included a reminder to staff to record special supplements in the appropriate place on the monitoring form.

A resident had an intervention to receive high energy, high protein (HEHP) milk at meals to address weight loss. A review of the past few months food and fluid monitoring sheets indicated this supplement was being taken less than 1/3 of the time. However, staff indicated not everyone was recording it in the correct area and some were recording it in the total fluid section.

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 home's policies and procedures are complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee had not ensured the planned menu items were offered and available to residents.

On July 16, 2012 at the lunch meal service the kitchen ran out of chicken Caesar salad. Residents were then offered the other choice on the menu (hamburger) or a cheese sandwich. One resident was disappointed with the quality of the sandwich, and another resident with documented dysphagia concerns, received bread and cheese despite the plan of care indicating "no bread/buns".

A review of another week (June 4, 2012) indicated the kitchen was short 3 liver dinners, 8 BBQ chicken and 4 meatloaf throughout the week. Staff confirmed that when they run out of choice at a meal a cheese or peanut butter sandwich is offered instead.

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 planned menu items are available at meals, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (4) A member of the registered nursing staff may permit a staff member who is not otherwise permitted to administer a drug to a resident to administer a topical, if,

(a) the staff member has been trained by a member of the registered nursing staff in the administration of topicals;

(b) the member of the registered nursing staff who is permitting the administration is satisfied that the staff member can safely administer the topical; and

(c) the staff member who administers the topical does so under the supervision of the member of the registered nursing staff. O. Reg. 79/10, s. 131 (4).

Findings/Faits saillants :

1. The licensee had not ensured that only staff permitted to administer topical medications is trained, competent and that the administration is done under supervision of a registered staff member.

During interviews staff confirmed that PSW's administer topical medications. However they indicate that training related to administration of topical medications has not occurred.

The home's policy and procedure from Medical Pharmacy -Training Module for Personal Support Workers: Application of Topical Medications has not been complied with.

Staff and management confirmed that education for application of topical medications by PSW's has not been completed and the evaluation tool in the policy has not been utilized.

The inspector verified that there are no training records related to this practice in the staff education binder.

[O.Reg.79/10,s.131(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 only staff permitted to administer topical medications is trained, competent and is done under supervision of a registered staff member, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following subsections:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee had not ensured that actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

A resident was assessed as being unable to undo a front fastening seatbelt, therefore according to staff a different closing seatbelt was trialed. The assessment and interventions regarding the inability to open the front fastening seatbelt, the trial with the different seatbelt and whether the resident was able to undo this seatbelt were not documented.

Staff confirmed the expectation was that this assessment would be documented in the assessment section of point click care regarding restraints, however this assessment was not found when reviewed.

[O. Reg. 79/10, s. 30 (2).]

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 general requirements for the restraint program include documented assessments, reassessments, interventions and resident responses to interventions, 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 subsections:

- 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;
 - (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
 - (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee had not ensured residents were provided with a range of continence tools based on their individual assessed needs.

A resident was assessed by the home as requiring a specific continence product, with the resident incurring the cost. Staff indicated that the resident required continence care first thing in the morning and would be independent the rest of the day when using the specific continence product.

Staff confirmed that the home does not provide this product for this resident.
[O.Reg 79/10,s.51(2)(h)(i)]

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 residents are provided with continence tools based on their individual needs, to be implemented voluntarily.

WN #7: 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 subsections:

s. 229. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;
- (d) reporting protocols; and
- (e) outbreak management. O. Reg. 79/10, s. 229 (3).

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

Findings/Faits saillants :

1. The licensee had not ensured that all staff participated in the infection control program.

On July 16 and 24, 2012 there were three nail clippers found in the shower room with no resident labels.

On July 24, 2012 at 9:30AM an inspector observed feces on the raised toilet seats in two resident rooms. At 2:45PM the inspector observed that the fecal matter had not yet been cleaned from the raised toilet seats.

On July 24, 2012 the inspector observed the improper storage of a urine collection hat on the back of the toilet in the spa room.

In a resident bathroom a urine collection hat was found stored inappropriately on the back of the toilet.

In resident bathrooms open rolls of toilet paper were found stored on the bathroom counter and/or on the back of the toilet.

In a resident bathroom a wash basin was stored on the floor under the sink.

A total of 11/20 resident pillows were found to be worn, cracked and stained.

Staff confirmed the following expectations regarding infection control:

a) that all nail clippers are to be labeled and used by one resident and when a resident leaves the nail clippers should be disposed of.

b) all toilet paper rolls should be on the roll or wrapped

c) raised toilet seats should be cleaned by the housekeeping staff while they are cleaning the resident bathrooms

d) urine collection hats should be taken immediately to the soiled utility room if used and should not be stored in resident bathrooms due to the sterilization procedure needed before reuse.

[O.Reg 79/10,s.229.(4)]

2. The licensee had not ensured that the designated staff person to coordinate the infection control program had the education and experience in infection prevention and control practices as outlined in the regulations.

Staff confirmed that the infection control lead will be attending an Infection Prevention and Control course starting in September 2012.

[O.Reg 79/10,s.229.(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 that a designate staff has education in infection prevention and control practices and that all staff participate in the home's infection control program, to be implemented voluntarily.

**WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs
Specifically failed to comply with the following subsections:**

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

- 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.**
- 2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.**
- 3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.**
- 4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).**

Findings/Faits saillants :

- 1. The licensee had not ensured that the continence care and bowel management program had been implemented in the home.**

The home has a continence care and bowel management program documented with applicable assessment tools, however the home has not fully implemented the program. For example, a resident was assessed as having a change in continence however did not have a clinically appropriate assessment instrument completed.

Staff confirmed that the continence care and bowel management program had not been fully implemented and this was recognized in the home's quality program as an action plan.

[O.Reg 79/10,s.48(1)3.]

**WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 89. Laundry service
Specifically failed to comply with the following subsections:**

s. 89. (1) As part of the organized program of laundry services under clause 15 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

- (a) procedures are developed and implemented to ensure that,**
 - (i) residents' linens are changed at least once a week and more often as needed,**
 - (ii) residents' personal items and clothing are labelled in a dignified manner within 48 hours of admission and of acquiring, in the case of new clothing,**
 - (iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the resident, and**
 - (iv) there is a process to report and locate residents' lost clothing and personal items;**
- (b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;**
- (c) linen, face cloths and bath towels are kept clean and sanitary and are maintained in a good state of repair, free from stains and odours; and**
- (d) industrial washers and dryers are used for the washing and drying of all laundry. O. Reg. 79/10, s. 89 (1).**

Findings/Faits saillants :

1. The licensee had not ensured the linens were kept clean and sanitary and maintained in a good state or repair, free from stains and odours.

The inspector observed 11/20 pillows that were checked, were not maintained in a good state of repair free from stains. These 11 pillows had significant cracks, and had yellow coloured stains.

This was also noted by staff working on the units. During the inspection the home completed an audit and found 45 pillows in total were cracked and stained, requiring replacement.

[LTCHA, 2007, S.O. 2007, c.8, s.89.(1)(c)]

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

Specifically failed to comply with the following subsections:

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

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :



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
prévus le Loi de 2007 les
foyers de soins de longue

1. A resident's plan of care was not based on an interdisciplinary assessment of continence, including bladder and bowel elimination.

A review of the resident's continence assessment indicated a change in bowel continence from 'continent' to 'incontinent'. A review of the plan of care revealed no revisions to include a focus, goals and interventions for bowel incontinence.

Staff confirmed that this resident did have bowel incontinence at that time and the expectation would be to include this in the care plan. Staff confirmed bowel incontinence was not in the care plan.
[O.Reg. 79/10,s.26(3)8.]

WN #11: 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 subsections:

s. 85. (2) A licensee shall make every reasonable effort to act on the results of the survey and to improve the long-term care home and the care, services, programs and goods accordingly. 2007, c. 8, s. 85. (2).

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).

s. 85. (4) The licensee shall ensure that,

(a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (3);

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

(c) the documentation required by clauses (a) and (b) is made available to residents and their families; and

(d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part IX. 2007, c. 8, s. 85. (4).

Findings/Faits saillants :

1. The licensee had not ensured that the satisfaction survey action plans were available during the inspection.

The home was able to produce the survey results, however actions taken to improve the home could not be located during the inspection.

[LTCHA,2007 S.O.2007,c.8.s.85.(4)(d)]

2. The licensee had not ensured that the satisfaction survey results and actions taken to improve the home, were made available to residents and their families.

This was confirmed by staff.

[LTCHA,2007 S.O.2007,c.8.s.85.(4)(c)]

3. The licensee did not ensure that actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the satisfaction survey were documented and made available to the Residents' Council and Family Council.

During an interview it was confirmed that the home did not make the satisfaction survey results available to either council.

A review of the 2011 and 2012 Resident and Family Council Meeting minutes does not reflect documented results made available to either council.

[LTCHA,2007 S.O.2007,c.8.s.85.(4)(b)]

4. The licensee did not seek advice from the Residents' and Family council in developing and carrying out the satisfaction survey, and in acting on its results.

During an interview it was confirmed that the home did not seek advice from the Resident's Council or Family Council in developing and carrying out the satisfaction survey, and in acting on its results.

A review of the 2011 and 2012 Resident and Family Council Meeting minutes does not reflect advice being sought from either council.

[LTCHA,2007 S.O.2007,c.8.s.85.(3)]

5. The licensee did not develop an action plan for the 2011 survey results, to improve the long term care home and the care, services, programs and goods.

This was confirmed by staff.

[LTCHA,2007 S.O.2007,c.8.s.85.(2)]

6. The licensee did not ensure that the results of the satisfaction survey were made available to the Resident and Family council, to seek their advice in acting on the results.

A review of the 2011 and 2012 Resident and Family Council Meeting minutes does not reflect where the results of the survey were made available to the Resident or Family Council.

During an interview it was confirmed that the home did not make the results of the 2011 satisfaction survey available to either council in order to seek their advice about the results.

[LTCHA,2007 S.O.2007,c.8.s.85.(4)(a)]

7. The licensee did not ensure that advice from the the Resident and Family Council in developing and carrying out the satisfaction survey, and in acting on its results was sought.

During an interview it was confirmed that the home did not seek advice from the councils in developing and carrying out the satisfaction survey, and in acting on its results.

A review of the 2011 and 2012 Resident and Family Council Meeting minutes did not reflect advice being sought from either council re: the satisfaction survey.

[LTCHA,2007 S.O.2007,c.8.s.85.(3)]

WN #12: 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 subsections:

- 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;
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
 - (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 had not ensured that the home, and furnishings were kept clean and sanitary.

All inspectors identified unclean areas in the home including resident room floors, resident bathroom floors, the spa room, hallways and flooring in corners throughout the building.

Staff observed concerns related to cleanliness of the home while touring with Inspector #115.
[LTCHA,2007 S.O.2007,c.8,s.15.(2)(a)]

2. The licensee had not ensured that the home, and furnishings were maintained in a safe condition and in a good state of repair.

All inspectors identified a number of areas in the home that require repair. Scraped and damaged walls, paint chips throughout resident rooms, door ways, doors etc., missing flooring in the spa room, missing and lifting baseboards and dis-coloured floor tiles in a resident bathroom.

These concerns were also observed by the staff.
[LTCHA,2007 S.O.2007,c.8,s.15.(2)(c)]

WN #13: 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 subsections:

- 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;
 - (b) the goals the care is intended to achieve; and
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

- s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

- s. 6. (10) 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,
- (a) a goal in the plan is met;
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee had not ensured that the written plan of care provided clear directions to staff who provide direct care to the resident.

The plan of care was reviewed for a resident. The focus regarding pain included interventions by the PTA and nursing staff. Discussion with the staff revealed that the PTA was doing the interventions and staff indicate they may or may not be doing the interventions during morning care. There was no flow sheet available to record nursing actions regarding the interventions.

The physiotherapist had made a recommendation, which staff indicated they were using when the resident was agreeable however this intervention was not included in the care plan.

Staff confirmed the care plan was not clear regarding the interventions to be used for this resident.

The licensee had not ensured the written plan of care for residents set out clear direction to staff and others who provide direct care to the resident.

The plan of care for a resident was reviewed, including the care plan interventions in point click care and the Bed System Logo found in the resident's closet.

Individual and specific interventions were found under bed mobility and under the falls focus when the resident is in bed.

It was unclear how many bed rails should be used. In most instances the inspector observed one half bedrail in the up position and in two instances both half bed rails were in the up position. Some staff indicated the check mark beside 'assist rails' meant both of them should be up and others thought just one should be up.

[LTCHA,2007, S.O.2007,c.8.s.6.(1)(c)]

2. The licensee had not ensured that the plan of care was reviewed and revised when the resident's care needs changed.

The plan of care for a resident noted "the resident enjoyed reading the London Free Press daily, staff to interact with resident by reading an article each morning" and "offer programs related to past interest such as daily reading of the newspaper".

The Activation Manager was not aware of this intervention happening and it was not included in the activities section of the care plan. Staff confirmed that the resident does not read the paper daily and that this intervention was entered at admission and should now be changed.

The licensee had not ensured that residents are reassessed and the plan of care reviewed and revised when the resident's care needs change or care set out in the plan is no longer necessary.

A medication order for a resident was changed. The correct medication was ordered and administered, however the documented care plan section regarding psychotropic medication use was not reviewed and revised at that time. This section included the discontinued medication when reviewed. The correct medication ordered and being administered and the incorrect documentation in the plan of care was confirmed by staff.

[LTCHA,2007, S.O.2007,c.8.s.6.(10)(b)]

3. The licensee had not ensured that the care set out in the plan of care was provided to the resident as specified in the plan.

The Bed Logo System located in the closet for a resident indicated a fall mat should be used at the bedside. The fall mat was not observed in place. Staff confirmed the fall mat should be in place and then located the mat in a storage room and put it into place.

[LTCHA,2007, S.O.2007,c.8.s.6.(7)]



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
prévus le Loi de 2007 les
foyers de soins de longue

Issued on this 3rd day of August, 2012

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

A handwritten signature in cursive script, appearing to read "Louis Delly".