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 prévue le Loi de 2007 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 performance et de la conformité

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130 Dufferin Avenue 4th floor
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Amended Public Copy/Copie modifiée du public de permis

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Nov 07, 2014;	2014_256517_0039 (A1)	003148-14	Complaint

Licensee/Titulaire de permis

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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

EXTENDICARE SOUTHWOOD LAKES
1255 NORTH TALBOT ROAD WINDSOR ON N9G 3A4

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

PATRICIA VENTURA (517) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Licensee Inspection Report with changed due dates as requested via e-mail by the home's Administrator to the inspector on October 28, 2014.

Order #001:
Please submit the plan via e-mail to the inspector by November 7, 2014.
This order must be complied with by November 30, 2014

Order #002:
Please submit the plan via e-mail to the inspector by November 14, 2014.
This order must be complied with by December 31, 2014.

Issued on this 18 day of November 2014 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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1255 NORTH TALBOT ROAD WINDSOR ON N9G 3A4

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

PATRICIA VENTURA (517) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This inspection was conducted on the following date(s): August 15, 18 & 19, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Clinical Coordinator, the Office Manager, the Nutrition Manager, the Director of Care, two Registered Nurses, three Registered Practical Nurses and four Personal Support Workers.

During the course of the inspection, the inspector(s) reviewed the home's Food and Fluid intake, Resident Weights, Pressure Ulcer and Pain policies. The inspector also reviewed the home's Skin Care Program and one resident health record.

The following Inspection Protocols were used during this inspection:

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.

5 WN(s)
3 VPC(s)
2 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with as evidenced by:

The home's policy titled: "Food and Fluid Intake Monitoring"policy reference # RESI-05-02-05 version November 2013 stated:

"If a resident does not consume minimum fluid target levels as assessed by the Registered Dietitian / Registered staff designate for three consecutive days a dehydration assessment must take place. The results of the dehydration assessment must be documented."

Health record review indicated the resident didn't consume minimum fluid target levels for three consecutive days on eight different occasions and one hydration assessment was completed for the same period.

One manager and staff verified the expectation was that if a resident did not consume minimum fluid target levels for three consecutive days a Hydration Assessment was to be completed.

Staff verified that if Hydration Assessment findings were not documented in the resident's health record they did not take place as all Hydration Assessment findings were to be documented in the resident's health record as per the home's policy. [s. 8. (1) (a),s. 8. (1) (b)]

2. The home's policy titled Weight Change Program reference # RESI-05-02-07, November 2013 version stated:
"Compare previous month's weight; and any weight with a 2.5 kg difference from the previous month requires a re-weigh. Registered staff is to direct care staff to re-weigh

the resident. Ensure current weight of individual resident, including re-weigh if applicable, is recorded by the 10th day of each month either on paper or electronically."

Health record review for a resident revealed the resident had a weight change of 5kg in one month.

Review of the resident's electronic and paper documentation revealed there was no documentation to indicate the resident was re-weighed as per policy. Staff confirmed the expectation was the resident was re-weighed if there was a change in weight greater than 2.5 kg from the previous month and that the resident was not re-weighed following a loss in weight greater than 2.5 kg from the previous month.

Two managers confirmed the expectation was the weight policy #RESI-05-02-07 November 2013 version was followed by staff. Two managers also verified all resident weights were in the resident's health record. [s. 8. (1) (a),s. 8. (1) (b)]

3. a) The home's Pain Management policy reference # RESI-10-03-01 March 2014 version directed the staff to complete a Pain Assessment when a resident was taking new pain medication.

There were no pain assessments done on a paper or on an electronic Pain Assessment Form and the effectiveness of the pain medication was not documented on the resident electronic progress notes or on a Pain Flow Record when a resident was receiving a new pain medication.

Staff reported and a manager confirmed when a resident began taking a new pain medication a Pain Assessment and/or a Pain Flow Record was to be completed and information collected was to be documented in the electronic progress notes and/or on a Pain Flow Record. Three managers also confirmed all Pain Assessments and Pain Flow Records that had been completed for this resident were in the resident's health record.

b) The Pain Management policy also stated: "Obtain referrals for the resident as appropriate, to other health professionals, such as physiotherapy or massage therapy, and/or external pain specialists as appropriate, when the pain is uncontrolled using current therapeutic regimes."

Health record review revealed a resident's pain was uncontrolled for a period of time.

Further review of the health record revealed no referrals were placed to other health professionals as physiotherapy or massage therapy, and/or external pain specialists as appropriate to address the resident's pain.

Interviews with staff revealed all interventions were kept in the resident's health record. Two managers confirmed all interventions were documented and were in the resident's health record. The managers also verified the expectation was that the staff followed the Pain Management Policy # RESI-10-03-01 March 2014 version. [s. 8. (1) (a),s. 8. (1) (b)]

4. The home's policy #03-07 dated June 2010 was not followed when the resident was showing signs and symptoms of infection.

Two managers confirmed that the home's policy #03-07 dated June 2010 was to be followed by the staff for the care of the resident and further verified all resident assessments that had been done were in the resident's health record. [s. 8. (1) (a),s. 8. (1) (b)]

Additional Required Actions:

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

(A1)The following order(s) have been amended:CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff

Specifically failed to comply with the following:

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
2. Skin and wound care. O. Reg. 79/10, s. 221 (1).

s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that direct care staff were provided training in skin and wound care as evidenced by:

Education records reviewed for the last year revealed 38% of direct care staff members completed skin and wound care education.

Two managers provided the inspector with sign in sheets for the skin and wound education for the period. The managers further verified that not all of the direct care staff at the home completed skin and wound training/education in the last year. [s. 221. (1) 2.]

2. The licensee failed to ensure the direct care staff were provided training in pain management, including recognition of specific and non-specific signs of pain as evidenced by:

None of the registered and non-registered staff interviewed recalled attending education in Pain management at the home in the last year, including recognition of specific and non-specific signs of pain.

Two managers verified that not all direct care staff had received training in pain management, including recognition of specific and non-specific signs of pain in the last year. The Managers also confirmed the expectation was that all direct care staff were provided training in pain management, including recognition of specific and non-specific signs of pain yearly. [s. 221. (1) 4.]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care
Specifically failed to comply with the following:

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

Findings/Faits saillants :

1. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary as evidenced by:

Health record review revealed the resident received skin treatments for a period of time. The Registered Staff did not develop a plan of care reflecting the resident care needs with respect to the skin treatments during the period. There were no interventions listed for the treatment of the resident's skin in the resident's Care Plan.

Interview with staff revealed the staff members were responsible for developing a Care Plan reflecting the resident care needs with respect to skin treatments.

Two managers verified the staff were to ensure the resident's Care Plan was kept up to date and reflected care needs with respect to skin treatments. [s. 6. (10) (b)]

2. The most recent Care Plan for the resident was not based on the resident's needs for assistance needed with meals.

Two managers confirmed the resident's care plan should reflect resident's current needs. [s. 6. (10) (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 residents are reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or the care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The home failed to ensure the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required as evidenced by:

Health record review for a resident revealed the resident had skin impairment and there was no documentation in the eTAR or the resident progress notes that would indicate a skin treatment was administered for a period of time.

Interview with staff and a manager revealed skin treatments were to be documented in the electronic Treatment Administration Record (eTAR) and/or in the resident's progress notes in the resident health record. The staff also reported all treatments were documented in the resident's health record and if not documented, they were not done. The Clinical Coordinator further verified residents exhibiting altered skin integrity should receive immediate treatment and interventions. [s. 50. (2) (b) (ii)]

2. The licensee has failed to ensure the resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff, if clinically indicated as evidenced by:

The home's policy #03-07 dated June 2010 required the staff to document the completion of skin treatments administered. The skin was to be reassessed weekly to evaluate the effectiveness of the treatment, this reassessment and evaluation was to be documented in the resident's clinical health record.

Interview with staff and a manager revealed the expectation was that the resident's skin receiving treatments was to be reassessed weekly to evaluate the effectiveness of the treatment and that this reassessment should be documented in the resident's health record. The managers also confirmed all weekly skin assessments for this resident were in the resident's health record. [s. 50. (2) (b) (iv)]

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 residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds:

(ii) receive treatment and interventions to reduce or relieve pain, promote healing, and prevent infection.

(iv) are reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

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. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose as evidenced by:

A pain assessment was not completed when the resident's pain was not relieved by initial interventions.

Interviews with staff revealed when the pain medication was ineffective, a pain assessment should be done. The staff also confirmed all pain assessments completed were kept in the resident's health record. Two managers confirmed a Pain Assessment should have been completed when the resident's pain was not relieved by initial interventions and that all pain assessments completed could be found in the resident's health record. [s. 52. (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 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, to be implemented voluntarily.

Issued on this 18 day of November 2014 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

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Name of Inspector (ID #) / Nom de l'inspecteur (No) : PATRICIA VENTURA (517) - (A1)

Inspection No. / No de l'inspection : 2014_256517_0039 (A1)

Appeal/Dir# / Appel/Dir#:

Log No. / Registre no. : 003148-14 (A1)

Type of Inspection / Genre d'inspection: Complaint

Report Date(s) / Date(s) du Rapport : Nov 07, 2014;(A1)

Licensee / Titulaire de permis :

EXTENDICARE (CANADA) INC.
3000 STEELES AVENUE EAST, SUITE 700,
MARKHAM, ON, L3R-9W2

LTC Home / Foyer de SLD :

EXTENDICARE SOUTHWOOD LAKES
1255 NORTH TALBOT ROAD, WINDSOR, ON,
N9G-3A4

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Name of Administrator / Nom de l'administratrice ou de l'administrateur : Sue Ethier

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To EXTENDICARE (CANADA) INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, 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).

Order / Ordre :

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

(A1)
The licensee shall prepare, submit and implement a plan to ensure that the following policies are complied with:

- Food and Fluid Intake Monitoring

- Weight Change Program

- Pain Management

- Pressure Ulcers

The plan must include a description of:

- Interventions put in place to ensure the policies are complied with

- How and when the facility will evaluate if the policies are being followed by staff

Please submit the plan by e-mail to the inspector Patricia.Ventura@ontario.ca by November 7, 2014

Grounds / Motifs :

1. The home received a written notification (WN) and Voluntary Plan of Correction (VPC) for O. Reg 79/10, S. 8 (1) (b) on September 2, 2014.

The home received a WN and Voluntary Plan of Correction (VPC) for O. Reg 79/10, S. 8 (1) (b) on May 5, 2014

The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with as evidenced by:

The home's policy #03-07 dated June 2010 was not followed when the resident was showing signs and symptoms of infection.

Two managers confirmed that the home's policy #03-07 dated June 2010 was to be followed by the staff for the care of the resident and further verified all resident assessments that had been done were in the resident's health record.
(517)

2. a) The home's Pain Management policy reference # RESI-10-03-01 March 2014 version directed the staff to complete a Pain Assessment when a resident was taking new pain medication.

There were no pain assessments done on a paper or on an electronic Pain Assessment Form and the effectiveness of the pain medication was not documented on the resident electronic progress notes or on a Pain Flow Record from when a resident was taking a new pain medication.

Staff reported and a manager confirmed when a resident began taking a new pain medication a Pain Assessment and/or a Pain Flow Record was to be completed and information collected was to be documented in the electronic progress notes and/or on a Pain Flow Record. Three managers also confirmed all Pain Assessments and Pain Flow Records that had been completed for this resident were in the resident's health record.

b) The Pain Management policy also stated: "Obtain referrals for the resident as appropriate, to other health professionals, such as physiotherapy or massage therapy, and/or external pain specialists as appropriate, when the pain is uncontrolled using current therapeutic regimes."

Health record review revealed a resident's pain was uncontrolled for a period of time.

Further review of the health record revealed no referrals were placed to other health professionals as physiotherapy or massage therapy, and/or external pain specialists as appropriate to address the resident's pain.

Interviews with staff revealed all interventions were kept in the resident's health record. Two managers confirmed all interventions were documented and were in the resident's health record. The managers also verified the expectation was that the staff followed the Pain Management Policy # RESI-10-03-01 March 2014 version. (517)

3. The licensee failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with as evidenced by:

The home's policy titled: "Food and Fluid Intake Monitoring"policy reference # RESI-05-02-05 version November 2013 stated:
"If a resident does not consume minimum fluid target levels as assessed by the Registered Dietitian / Registered staff designate for three consecutive days a dehydration assessment must take place. The results of the dehydration assessment must be documented."

Health record review indicated the resident didn't consume minimum fluid target levels for three consecutive days on eight different occasions and one hydration assessment was completed for the same period.

One manager and staff verified the expectation was that if a resident did not consume minimum fluid target levels for three consecutive days a Hydration Assessment was to be completed.

Staff verified that if Hydration Assessment findings were not documented in the resident's health record they did not take place as all Hydration Assessment findings were to be documented in the resident's health record as per the home's policy. (517)

4. The home's policy titled Weight Change Program reference # RESI-05-02-07, November 2013 version stated:

"Compare previous month's weight; and any weight with a 2.5 kg difference from the previous month requires a re-weigh. Registered staff is to direct care staff to re-weigh the resident. Ensure current weight of individual resident, including re-weigh if applicable, is recorded by the 10th day of each month either on paper or electronically."

Health record review for a resident revealed the resident had a weight change of 5kg in one month.

Review of the resident's electronic and paper documentation revealed there was no documentation to indicate the resident was re-weighed as per policy. Staff confirmed the expectation was the resident was re-weighed if there was a change in weight greater than 2.5 kg from the previous month and that the resident was not re-weighed following a loss in weight greater than 2.5 kg from the previous month.

Two managers confirmed the expectation was the weight policy #RESI-05-02-07 November 2013 version was followed by staff. Two managers also verified all resident weights were in the resident's health record.
(517)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Nov 30, 2014(A1)

Ontario

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Order # / 002
Ordre no :

Order Type / Compliance Orders, s. 153. (1) (a)
Genre d'ordre :

Pursuant to / Aux termes de :

O.Reg 79/10, s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

1. Falls prevention and management.
2. Skin and wound care.
3. Continence care and bowel management.
4. Pain management, including pain recognition of specific and non-specific signs of pain.
5. For staff who apply physical devices or who monitor residents restrained by physical devices, training in the application, use and potential dangers of these physical devices.
6. For staff who apply PASDs or monitor residents with PASDs, training in the application, use and potential dangers of the PASDs. O. Reg. 79/10, s. 221 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan to ensure that all direct care staff receive training/education in 2014 in:

- Skin and Wound Care

- Pain Management, including recognition of specific and non-specific signs of pain

The plan must include a description of:

- When the education/training sessions will be delivered

- Who will track completion of training/education by direct staff members and follow up on staff members that have not completed the education

- How the home will ensure all direct care staff receive the training/education in 2014

Please submit the plan by e-mail to the inspector Patricia.Ventura@ontario.ca by October 31, 2014.

Grounds / Motifs :

1. The home received a written notification (WN) for O. Reg 79/10, S. 221 (2) on Feb 25, 2014.

The home received a WN and Voluntary Plan of Correction (VPC) for O. Reg 79/10, S. 221 (2) on September 2, 2014 (517)

2. The licensee failed to ensure that direct care staff were provided training in skin and wound care as evidenced by:

Education records reviewed for the last year revealed 38% of direct care staff members completed skin and wound care education.

Two managers provided the inspector with sign in sheets for the skin and wound education for the period.
The managers further verified that not all of the direct care staff at the home completed skin and wound training/education in the last year.
(517)

3. The licensee failed to ensure the direct care staff were provided training in pain management, including recognition of specific and non-specific signs of pain as evidenced by:

None of the registered and non-registered staff interviewed recalled attending education in Pain management at the home in the last year, including recognition of specific and non-specific signs of pain.

Two managers verified that not all direct care staff had received training in pain management, including recognition of specific and non-specific signs of pain in the last year. The Managers also confirmed the expectation was that the direct care staff were provided training in pain management, including recognition of specific and non-specific signs of pain yearly.
(517)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :

Dec 31, 2014

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

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 services for the Licensee.

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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 tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la Loi de 2007 sur les foyers de soins de longue durée, L. O. 2007, chap. 8

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 18 day of November 2014 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : PATRICIA VENTURA

Service Area Office /
Bureau régional de services : London