



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
sous *la Loi de 2007 sur les foyers
de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de
longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 26, 2019	2019_776613_0011	003677-19	Follow up

Licensee/Titulaire de permis

F. J. Davey Home
733 Third Line East Sault Ste Marie ON P6A 7C1

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

F. J. Davey Home
733 Third Line East SAULT STE. MARIE ON P6A 7C1

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

LISA MOORE (613)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 20 - 22, 2019.

The following intake was inspected during this Follow up Inspection:

One Follow up related to compliance order # 001 under s. 6. (7) of the LTCHA issued during inspection #2019_776713_0007 related to ensuring that the care set out in the plan of care was provided to the residents as specified in the plan.

During the course of the inspection, the inspector(s) spoke with the Administrator (ADM), Executive Director of Care (EDOC), Directors of Care (DOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and residents.

The Inspector conducted daily tours of resident care areas, observed the provisions of care and services to residents, observed staff to resident interactions, reviewed health care records, and reviewed the home's corrective action plan to meet compliance, care planning policy, meeting minutes, and audit forms.

**The following Inspection Protocols were used during this inspection:
Personal Support Services**

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2019_776613_0007		613

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 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 has 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.

Inspector #613 conducted a Follow Up inspection on CO #001 from inspection #2019_776613_0007, issued under s. 6 (7) with a compliance date of February 28, 2019. The order specifically identified that the licensee must ensure resident #002's device was applied and activated when in their mobility aid, as specified in their plan of care.

A review of resident #002's current care plan indicated that the resident had a device on their mobility aid and their bed and that staff were to ensure that the device was on and working before leaving the resident unattended.

During various observations on March 20, 2019, the Inspector did not observe a device on the resident's mobility aid while they were sitting in a lounge area unattended.

During an interview with RPN #102, they stated that resident #002 no longer had a device on their mobility aid; rather, they only had one on their bed. RPN #102 further stated that the resident was ordered a different type of mobility aid, and this was probably when the device had been removed.

RPN #102 reviewed the resident's care plan with the Inspector and confirmed that the current care plan indicated that the resident had a device on their mobility aid and stated that the care plan was not accurate and that this intervention should have been removed from the care plan.



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A review of the home's policy titled, "Care Planning" last revised on last revised April 2017, indicated the nurse/interdisciplinary team was to ensure that the care plan was revised to reflect the resident's current needs.

During interviews with the Executive Director of Care and the Director of Care #101, they both stated that registered staff were responsible for updating resident care plans immediately or as soon as possible to keep all staff informed of a change in a resident's care. DOC #101 stated that staff probably forgot to update resident #002's care plan when the new mobility aid had been ordered. DOC #101 further stated that the previously used mobility aid with the device was probably removed when the new mobility aid was ordered. DOC #101 confirmed that the home's policy stated to update the care plan when the resident status or care needs changed. [s. 6. (10) (b)]

Issued on this 26th day of March, 2019

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

Original report signed by the inspector.