



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

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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Aug 10, 18, 2011; 2011_057163_0010; Complaint

Licensee/Titulaire de permis

F. J. DAVEY HOME
733 Third Line East, Box 9600, 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

DIANA STENLUND (163)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Rai-Coordinator, Director of Environmental Services, Assistant Director of Environmental Services, Nutrition Manager (NM), Registered Dietitian (RD), registered nursing staff, personal support workers (PSWs), family members and residents.

During the course of the inspection, the inspector(s) reviewed medical documentation, observed staff to resident interactions and care, observed lunch on two consecutive days on 3rd floor, walked throughout the home areas on 1st and 3rd floor, and reviewed therapeutic and week-at-a-glance menus for the current week.

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Housekeeping

Dining Observation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

| | |
|--|---|
| Definitions WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order | Définitions 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. 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 sayants :

1. The licensee has not ensured that planned menu items are offered and available at each meal. The sandwich planned for lunch on Aug 09/11 was Swiss cheese on light rye bread however the sandwich served at lunch on Aug 09/11 in Driftwood dining room was processed cheese on whole wheat bread. Inspector interviewed a dietary aide (DA) who confirmed that the sandwich provided today was processed cheese on whole wheat and is not what is planned on the menu.
2. Cherry jello was planned as one of the desserts for Aug 09/11 however lime jello was offered at lunch instead on Aug 09/11 in the Driftwood dining room.
3. Pureed ice cream sandwich was planned as a one of the desserts for pureed diets at lunch on Aug 09/11, however it was not available in the Driftwood dining room. Inspector interviewed a DA who reported "they did not puree any ice cream sandwiches for me".

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 in all dining areas the planned menu items are offered and available at each meal and snack of each day of the menu cycle, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control
Specifically failed to comply with the following subsections:
s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).
Findings/Faits sayants :

1. The licensee did not take immediate action to deal with pests in the home. Several "Request for Maintenance" slips indicate delays in action taken by the home. For example, a staff member reported on a "Request for Maintenance" slip on April 26/11 that rooms 116a, 116b and 115a were found to have ants in each of these rooms. Maintenance did not attend to the issue until May 10/11.
2. A staff member reported on a "Request for Maintenance" slip April 30/11 that room B115B had "Ants ++++". This was not addressed until May 4/11 by maintenance.
3. A staff member reported on a "Request for Maintenance" slip on May 7/11 that room B102b had ants in room, however maintenance did not attend to the issue until May 10/11.



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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 immediate action is taken to deal with pests in all home areas, to be implemented voluntarily.

Issued on this 9th day of September, 2011

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

Diana Fenlund