



**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
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**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 28, 2014	2014_281542_0016	S-000189-14	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

JENNIFER LAURICELLA (542)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): July 8, 9, 10, 11, 14, 2014.

Ministry of Health Logs inspected: S-000189-14, S-000269-14, S-000278-14, S-000128-14, S-000202-14, S-000064-14.

During the course of the inspection, the inspector(s) spoke with the Director (s) of Nursing (DON), Assistant Director of Environmental Services, Registered Staff, Personal Support Workers, Scheduling Staff, Family Members and Residents.

During the course of the inspection, the inspector(s) walked through resident home areas, reviewed resident health care records, reviewed various policies and procedures, reviewed staffing schedules and observed staff to resident interactions and some care provided to residents.

The following Inspection Protocols were used during this inspection:

Dining Observation

Personal Support Services

Snack Observation

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. 8. Nursing and personal support services

Specifically failed to comply with the following:

s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,

(a) an organized program of nursing services for the home to meet the assessed needs of the residents; and 2007, c. 8, s. 8 (1).

(b) an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).

Findings/Faits saillants :

1. The inspector conducted a complaint inspection from July 8-14, 2014 to address complaints brought forward to the Ministry of Health and Long-Term Care regarding



staff shortages and the quality of care to residents.

Inspector interviewed the Scheduling Clerk and asked for a list of dates and resident units/floors when there was not a full complement of Personal Support Workers (PSWs) working for the period of June 15–July 11, 2014. The Scheduling Clerk informed the Inspector of the following:

- June 15, 2014 - short 1 PSW on the evening shift (2nd floor) and short the PSW float on the night shift.
- June 18, 2014 - short 4 PSWs on the evening shift (2 on the 1st floor, 1 on 2nd floor and 1 on the 3rd floor).
- June 20, 2014 - short 2 PSWs on the evening shift (one on the 1st and one on the 2nd floor)
- June 21, 2014 – short 3 PSWs on the day shift (2 on the 1st floor, one on the 2nd floor) and 2 PSWs on the evening shift (one on the 2nd and one on the 3rd floor)
- June 22, 2014 – short 2 PSWs on day shift (1 on the 1st and one on the 2nd floor) and 2 PSWs on the evening shift (both on 2nd floor)
- June 24, 2014 – short 1 PSW on day shift (2nd floor)
- June 29, 2014 – short 2 PSWs on day shift (both on the 1st floor)
- July 3, 2014 – short 1 PSW on the day shift (1st floor)

Inspector reviewed the shift report from several of the units which are completed by the registered staff for that shift and at the end of the shift a copy of the shift report is then provided to the Director of Nursing. A registered staff member told Inspector that all of the registered staff on each unit are supposed to write whether the baths are completed or not. The following was documented on the shift reports:

- On May 25, 2104 - “no baths done this shift – short 1 PSW.”
- On May 31, 2014 - “health care aid pulled to Birch 2/working short residents and workers very frustrated, unable to complete the baths.”
- On April 5, 2014 - “Unable to do treatments, had no time.”
- On April 14, 2014 - “working short – Plan B (short 7-3 HCA), nourishment not able to be done by 3:00 PM as working Plan B.”
- On June 30, 2014 - “plan B – unable to do 2 baths – they require 2 people and no one would be on the unit.”
- On July 11, 2014 “2 HCA’s off unit for break, remaining HCA assisting with a resident, another resident incontinent of feces, HCA unable to help when needed.”

Inspector interviewed six different staff members and was informed that working “Plan B” indicates that they are short staffed on that particular unit and that they are not



supposed to write on the shift report that they are “short staffed.” Staff members stated that when they are working Plan B several ADLs (bathing, toileting, eating etc) are not completed for some of the residents or they are late assisting them. A registered staff confirmed that this was accurate and that sometimes some of the residents are left in bed for longer periods or during meals because they don't have enough staff.

On June 9, 2014 Inspector reviewed the home's policy titled “Food and Fluid Intake Monitoring.” The policy indicates that the Personal Support Workers (PSWs) are to document resident food and fluid intake after meals, snacks and nourishments including any special items and nutritional supplements, either on paper or electronically. Registered staff confirmed that the PSWs document on the “resident's daily food and fluid intake” record located in the PSW's binder. Inspector was also informed by a PSW, that if there is nothing documented on these sheets then it most likely wasn't offered or resident was missed. Inspector reviewed resident # 8's daily food and fluid intake record over a two week period and it was noted that there was no documentation for breakfast, AM nourishment, lunch and PM nourishment for 4 days. There was also no documentation for the HS nourishment for 3 days. Resident # 10's food and fluid intake record was reviewed over a seven day period and several AM and PM nourishments were not documented as being offered or provided. Resident # 11's food and fluid intake record was reviewed for a seven day period and on one specific day only 120 mls of fluid was entered for 24 hours and on another day there was no documentation for the breakfast, AM nourishment, lunch and HS nourishment for resident # 11. Several residents' records were reviewed and revealed a lack of documentation regarding whether the meal/nourishment was offered or consumed by the residents.

On June 10, 2014, Inspector reviewed the bathing records and the associated care plan for 4 residents. Resident # 5's current care plan indicated that they were to be bathed twice weekly and needed 2 staff to provide total assistance. The Health Care Aide charting record indicated that resident # 5 received 1 bath over a 7 day period. Resident # 6's current care plan indicated that they were to receive a shower once a week and a sponge bath once a week. The HCA charting record was reviewed and there was no documentation over a one week period to indicate that resident # 5 received a shower/sponge bath. Resident # 7's current care plan indicated that the resident was to receive a bath or shower twice weekly. The HCA charting record was reviewed and only 1 bath was documented as being provided over a one week period. Resident # 8's current care plan revealed that they were to have a bath twice weekly



and requires total assistance. The HCA charting record was reviewed over a 2 week period and it was documented that resident # 8 received 1 bath and 2 sponge baths. Inspector interviewed two PSWs who confirmed that when they work short they do not always complete the baths/showers and if there is no documentation in the HCA charting record then the bath/shower was most likely not completed.

On July 10, 2014, the Inspector observed the supper meal service on the 3rd floor. A table of four residents that required total assistance was being assisted by 1 staff member. The staff member fed 2 of the residents while the other 2 residents sat and waited for their meal. After 25 minutes, the remaining 2 residents were assisted by the same staff member. The staff member informed Inspector that typically 1 staff member would feed all four residents simultaneously but only when the Ministry is not here. Another resident that required total assistance at another table was brought to the dining room at 4:30 PM and waited until 5:30 PM to be assisted by a staff member.

The licensee failed to ensure that there is an organized program of personal support services for the home to meet the assessed needs of the residents. [s. 8. (1) (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 that there is an organized program of personal support services for the home to meet the assessed needs of the residents, to be implemented voluntarily.



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Issued on this 28th day of July, 2014

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