



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévus le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

London Service Area Office
291 King Street, 4th Floor
London ON N6B 1R8

Bureau régional de services de London
291, rue King, 4^{ème} étage
London ON N6B 1R8

**Ministère de la Santé et des Soins de
longue durée**

Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

Telephone: 519-675-7680
Facsimile: 519-675-7685

Téléphone: 519-675-7680
Télécopieur: 519-675-7685

Licensee Copy/Copie du Titulaire Public Copy/Copie Public

| | | |
|---|---|---|
| Date of inspection/Date de l'inspection September 1, 2010 | Inspection No/ d'inspection 2010-137-8524-31Aug140233 | Type of Inspection/Genre d'inspection Critical Incident C524-000012-10 L-00822 |
|---|---|---|

Licensee/Titulaire
Fairview Mennonite Homes
515 Langs Drive
Cambridge, ON N3H 5E4

Long-Term Care Home/Foyer de soins de longue durée
Fairview Mennonite Home
515 Langs Drive
Cambridge, ON N3H 5E4

Name of Inspectors/Nom de l'inspecteurs
Kim White and Marian C. Mac Donald - # 137

Inspection Summary/Sommaire d'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspectors spoke with: Administrator, Director of Care and Assistant Director of Care.

During the course of the inspection, the inspectors: reviewed resident record, plan of care and medical profile.

The following Inspection Protocols were used in part or in whole during this inspection:
Nutrition and Hydration
Contenance Care and Bowel Management

Findings of Non-Compliance were found during this inspection. The following action was taken:
[3] WN
[3] VPC

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident.

Findings:

For the resident identified in the Critical Incident, the Plan of Care did not reflect changes in intake of oral fluids. The resident was assessed at high nutritional risk for aspiration/choking. There was no documented evidence that the care plan had been updated to reflect this and did not provide clear directions to staff.

The Medical Profile gives PSW's directions for care provisions. It had not been updated to reflect the resident's current care requirements and did not provide clear directions to staff.

Inspector ID #:
137

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, related to care plans providing clear directions, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with: LTCHA, 2007, S.O 2007, c.8, s.6(10)(b)

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, the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

The Director of Care shared that the resident, identified in the Critical Incident, had not been eating and had not had a bowel movement since August 5/10 and was deemed palliative on Aug. 10/10. The Plan of Care and Medical Profile were not updated to reflect the change in resident's health status nor was there any documented evidence in the progress notes.

Resident was assessed by Registered Dietician to be at high nutritional risk for aspiration/choking. There was no documented evidence that the care plan had been updated to reflect this.



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, related to updating Plan of Care when a change in resident's health status occurs, to be implemented voluntarily.

Inspector ID #: 137

WN #3: The Licensee has failed to comply with : O. Reg. 79/10, s.51(2)(b) Every licensee of a long-term care home shall ensure that, 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;

Findings:

For the resident identified in the Critical Incident, the Medical Profile and Care Plan do not identify an individualized plan.

Inspector ID #: 137

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, related to individualized plans for continence care , to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division representative/Signature du (de la) représentant(e) de la Division de la responsabilisation et de la performance du système de santé.

Title: Date:

Date of Report: