



Ministry of Health and Long-Term Care

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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

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Inspection Report under the LTC Homes Act, 2007 <input checked="" type="checkbox"/> Public Copy <input type="checkbox"/> Licensee Copy		Rapport d'inspection prévue de la Loi de 2007 les foyers de soins de longue durée <input type="checkbox"/> Copie du Titulaire <input checked="" type="checkbox"/> Copie de la Publique	
Date(s) of inspection/Date de l'inspection July 15, 16, 19, 2010		Inspection No/ d'inspection 2010_109_2723_15Jul 091352	Type of inspection/Genre d'inspection Follow Up
Licensee/Titulaire Fairview Nursing Home Limited			
Long-Term Care Home/Foyer de soins de longue durée Fairview Nursing Home			
Name of Inspector(s)/Nom de l'inspecteur(s) Susan Squires (109), Tiina Tralman (162)			
Inspection Summary/Sommaire d'inspection			



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'exigences 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.

The purpose of this inspection was to conduct a follow up inspection of outstanding areas of non-compliance.

The inspection was conducted by Susan Squires, Tiina Tralman.

The inspection occurred on July 15, 16, 19, 2010.

During the course of the inspection, the inspector(s) spoke with:

Acting Administrator

Acting Director of Care.

Dietary Manager

Registered Nursing staff from the care units.

Dietary Aide

PSW staff from care units

Residents from care units.

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

Pain

Responsive Behaviors

Nutrition and Hydration

Dining Observation

Food Quality

Minimizing Restraint

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

11 Findings of Non-Compliance were found during this inspection. The following action was taken:

11 WN

2 VPC

1 CO: CO# 1

NON-COMPLIANCE / (Non-respectés)

Definitions/Définitions

WN – Written Notifications/Avis écrit

VPC – Plan of correction/Plan de redressement

DR – Director Referral/Régisseur envoyé

CO – Compliance Order/Ordres de conformité

WAO – Work and Activity Order/Ordres: travaux et activités



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Le suivant constitue un avis d'écrit de l'exigences 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: O. Reg. 79/10, s110 (7) 2:
Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:

(2) What alternatives were considered and why those alternatives were inappropriate.

Findings:

1. A resident being restrained with a seatbelt restraint lacked documentation to support what alternatives were considered and why the alternatives were inappropriate.

Inspector ID#: 109

Required Compliance Date: September 17, 2010

WN#2: The Licensee has failed to comply with: LTCHA 2007, S.O. 2007, c 8 s 6 (7):

The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

Findings:

1. Diabetic resident did not have glucometer reading done as outlined in the medical plan of care.
2. The plan of care for a resident resistive to treatment and care was not follow as outlined.

VPC – Pursuant to LTCHA, 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 be implemented voluntarily.

Inspector ID#: 109

Required Compliance Date: September 17, 2010

WN#3: The Licensee has failed to comply with: LTCHA 2007, S.O. 2007, c 8 s 6 (8) – The licensee shall ensure that the staff and other who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it

Findings:

1. The plan of care was not in the binder and therefore not available to staff as per home's practice.
2. The current plan of care was not available for staff reference.

Inspector ID#: 109 and 162

Required Compliance Date: September 17, 2010



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

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

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.)

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 prevue par la présente loi" au paragraphe 2(1) de la loi.

WN#4: The Licensee has failed to comply with: O. Reg. 79/10, s 114 (2) – The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipts, storage, administration, and destruction and disposal of all drugs used in the home.

Findings:

1. Reviewed medications for a resident. The information on the Medication Administration Record (MAR) does not match the orders as they are written on the quarterly drug review for identified medications:
2. A weekly medication was not signed as having been administered.

VPC – Pursuant to LTCHA, 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 be implemented voluntarily.

Inspector ID#: 109

Required Compliance Date: September 17, 2010

WN#5: The Licensee has failed to comply with: O. Reg. 79/10, s 134(c) Every licensee of a long-term care home shall ensure that, there is, at least quarterly, a documented reassessment of each resident's drug regime.

Findings:

1. The quarterly drug review expired June 30, 2010.

Inspector ID#: 109

Required Compliance Date: September 17, 2010

WN#6: 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, b) the resident's care needs change or care set out in the plan is no longer necessary.

Findings:

1. There is no plan of care to address resident's change in fluid consumption.
2. Resident did not consume fluids provided over the course of the lunch meal service.

Inspector ID#: 162

Required Compliance Date: September 17, 2010

WN#7: The Licensee has failed to comply with: O. Reg. 79/10, s 26 (4) (a) - The licensee shall ensure that a registered dietitian who is a member of the staff of the home, completes a nutritional



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Le suivant constitue un avis d'écrit de l'exigences 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.

assessment for all residents on admission and whenever there is a significant change in a resident's health condition

Findings:

1. There is no evidence to support that a resident who experienced a decrease in hemoglobin value over a three month period was assessed by the registered dietitian.

Inspector ID#: 162

Required Compliance Date: September 17, 2010

WN#8: The Licensee has failed to comply with: O. Reg. 79/10, s. 68 (2) (e) Every licensee of a long-term care home shall ensure that the programs include,

- (e) a weight monitoring system to measure and record with respect to each resident,
 - (i) weight on admission and monthly thereafter, and
 - (ii) body mass index and height upon admission and annually thereafter.

Findings:

1. Resident at risk of weight loss was not re-weighed as per homes protocol and RD's request.

Inspector ID#: 162

Required Compliance Date: September 17, 2010

WN#9: The Licensee has failed to comply with: O. Reg. 79/10, s 36 - Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents

Findings:

1. A resident was seated in a wheel chair heavily tilted back. The resident was not provided support for his head and neck.

Inspector ID#: 109

Required Compliance Date: Immediate

WN#10: The Licensee has failed to comply with: O. Reg. 79/10, s. 68 (2) (d) - Every licensee of a long-term care home shall ensure that the programs include, a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration;

Findings:

1. Hydration tracking tool as per homes protocol was not followed.

Inspector ID#: 162



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 constitue un avis d'écrit de l'exigences 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.

Required Compliance Date: Immediate

WN#11: The Licensee has failed to comply with: O. Reg. 79/10, s 52 (1) 1 – The pain management program must, at a minimum, provide for the following: 1) Communication and assessment methods for resident who are unable to communicate their pain or who are cognitively impaired.

Findings:

1. The home currently does not have a pain management program which includes assessment tools for non-verbal residents and residents with language barriers.

Inspector ID#: 109

Compliance Order # 1 will be served on the licensee

CORRECTED NON-COMPLIANCE Non-respectés à Corrigé			
REQUIREMENT EXIGENCE	ORDER ORDRE		INSPECTOR ID #
NHA R.S.O. 1990 Ch N7 S. 2010		LTCHA s. 26 (3) 19	109
NHA R.S.O. 1990 Ch N7 S. 2011		LTCHA 71 (4)	162
NHA R.S.O. 1990 Ch N7 S. 2011		LTCHA s. 69 (1) (2) (3) (4)	162
NHA R.S.O. 1990 Ch N7 S. 2011		LTCHA s 73 (1) (6)	109
NHA R.S.O. 1990 Ch N7 S. 2011		LTCHA 29 (1) (b)	109
NHA R.S.O. 1990 Ch N7 S. 2011		O. Reg 79/10 s. 73 (1) (6)	162
NHA R.S.O. 1990 Ch N7 S. 2011		O. Reg. 79/10 s. 73 (2) (b)	162
NHA R.S.O 1990 s. 2 (2) 1		LTCHA s. 3 (1) (1)	109
NHA R.S.O 1990 s. 2 (2) 2		O. Reg. 79/10. s. 44	109
NHA R.S.O 1990 s. 2 (2) 2		O. Reg. 70/10 s. 134 (a)	109
NHA R.S.O 1990 s. 2 (2) 1		LTCHA s. 3 (1) (11)	109
Reg. 832 s. 5 (2)		O. Reg. 79/10 s. 55 (b)	109



**Ministry of Health and
Long-Term Care**

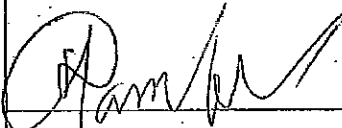
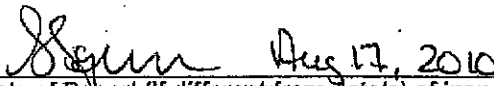
**Ministère de la Santé et
des Soins de longue durée**

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

Le suivant constituer un avis d'écrit de l'exigences prevue le paragraph 1 de section 152 de les foyers de soins de longue duréé.

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.)

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

Reg. 832 s. 5 (2)		O. Reg. 70/10 s. 107 (1) (3)	109
Reg. 832. s 55. (5) (a), (b)		O. Reg. 79/10 s. 110 (1) (1)	109
Signature of Licensee of Designated Representative 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 (if different from date(s) of inspection).	

ORDER(S) of an Inspector

Pursuant to section 153 and/or section 154 of the
Long-Term Care Homes Act, 2007, S.O.2007,c.8

Inspector Name:	Susan Squires
Inspection ID #:	2010_109_2723_15Jul091352
Type of Inspection:	Follow Up Review
Date Order Made:	August 17, 2010
Date Order Served:	August 17, 2010
Licensee:	Fairview Nursing Home Limited
LTC Home:	Fairview Nursing Home
Name of Administrator:	Judy Donnelly

To Fairview Nursing Home Limited, you are hereby required to comply with the following order by the date set out below:

Compliance Order #: 001

Pursuant to: O. Reg. 79/10, s 52 (1) 1 – The pain management program must, at a minimum, provide for the following: 1) Communication and assessment methods for resident who are unable to communicate their pain or who are cognitively impaired.

Findings:

1. The home currently does not have a pain management program which includes assessment tools for non-verbal residents and residents with language barriers.

The licensee shall develop a comprehensive pain management program which includes appropriate assessment tools for non-verbal residents and residents with language barriers

Grounds:

- The home currently lacks a pain management program.

Inspector ID# 109

This order must be complied with by: September 17, 2010

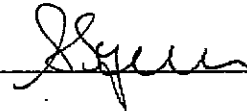
TAKE NOTICE:

- A licensee has the right to request a review of this Order by the Director and to request a stay of the Order by the Director as per section 163 of the *Long-Term Care Homes Act 2007*.
- The request for review by the Director must be made in writing and within 28 days of the date the Order is served.
- The request for the Director's review must be delivered personally or by registered mail to the address below, or by fax to the number below.

Director
c/o Appeals Clerk
Performance and Improvement Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto ON M4V 2Y2

Fax: 416-327-7603

Signature of Inspector(s):

 _____

Date:

Aug 17, 2010

Time Order is Served:

1410 hrs