



Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Aug 10, 11, 12, Sep 1, 2011	2011_099188_0011	Complaint

Licensee/Titulaire de permis

FINLANDIA NURSING HOME LIMITED
c/o Sudbury Finnish Rest Home, 233 Fourth Avenue, SUDBURY, ON, P3B-4C3

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

FINLANDIA HOIVAKOTI NURSING HOME LIMITED
233 FOURTH AVENUE, SUDBURY, ON, P3B-4C3

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

MELISSA CHISHOLM (188)

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, the Acting Assistant Director of Care (ADOC), Registered Nursing staff, the Dietary Manager, Personal Support Workers (PSW) and dietary staff members.

During the course of the inspection, the inspector(s) conducted a walk through of resident care areas, observed the resident named in the complaint, reviewed health care records of residents, observed dining room service, reviewed dietitian hours and reviewed various policies and procedures.

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

Dining Observation

Falls Prevention

Nutrition and Hydration

Pain

Reporting and Complaints

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care
Specifically failed to comply with the following subsections:

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident;**
 - (b) the goals the care is intended to achieve; and**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits sayants :

1. Inspector reviewed the plan of care for a resident related to nutrition and hydration. Inspector noted the care plan identifies conflicting information on what time the resident likes to get up in the morning, and whether the resident eats breakfast daily. The licensee failed to ensure the plan of care sets out clear directions for the staff and others who provide direct care to the resident. [LTCHA 2007, S.O. 2007, c.8, s.6(1)(c)]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes

Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:

- 1. A change of 5 per cent of body weight, or more, over one month.**
- 2. A change of 7.5 per cent of body weight, or more, over three months.**
- 3. A change of 10 per cent of body weight, or more, over 6 months.**
- 4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.**

Findings/Faits sayants :

1. Inspector reviewed a resident's health care record related to weight loss. Inspector noted this resident experienced weight loss exceeding the required thresholds for interdisciplinary assessment (as per the LTCHA 2007) in five different months in 2011. Interdisciplinary assessment for the weight changes was completed for two of these months only. Inspector noted no interdisciplinary assessment of this resident's significant weight loss was completed for the other three months. The licensee failed to ensure that each resident with weight loss exceeding the required monthly thresholds are assessed using an interdisciplinary approach. [O.Reg. 79/10 s.69]

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 ensuring all residents who experience significant weight loss are assessed using an interdisciplinary approach, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

- 1. Communication of the seven-day and daily menus to residents.**
- 2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.**
- 3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.**
- 4. Monitoring of all residents during meals.**
- 5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.**
- 6. Food and fluids being served at a temperature that is both safe and palatable to the residents.**
- 7. Sufficient time for every resident to eat at his or her own pace.**
- 8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.**
- 9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.**
- 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.**
- 11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).**

Findings/Faits sayants :

1. Inspector observed on August 10 and 11, 2011, during breakfast and lunch meal services, that the daily and weekly menu was not posted in the Haapa dining room. Inspector asked two staff members who identified where the menu should be posted but offered no explanation as to why the menu was not posted. Inspector did note that a copy of the weekly menu was posted inside the servery for staff, however this weekly menu was not accessible to residents. The licensee failed to ensure the daily and weekly menus are communicated to residents. [O.Reg. 79/10 s.73(1)(1)]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 74. Registered dietitian

Specifically failed to comply with the following subsections:

s. 74. (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties. O. Reg. 79/10, s. 74 (2).

Findings/Faits sayants :

1. Inspector reviewed the number of hours worked by the home's dietitians from January 2011 until July 2011. Inspector noted that the home has 110 residents and should have 55 hours worked on-site by registered dietitians per month. Inspector reviewed the number of hours worked by dietitians per month and noted the following: February 2011 - 54 hours, March 2011 - 54 hours, April 2011 - 35 hours, May 2011 - 43 hours, June 2011 - 46 hours. The licensee has failed to ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month. [O.Reg. 79/10 s.74(2)]

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 ensuring a dietitian is on site in the home for a minimum of 30 minutes per resident per month, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following subsections:

s. 52. (1) The pain management program must, at a minimum, provide for the following:

- 1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.**
- 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids.**
- 3. Comfort care measures.**
- 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).**

Findings/Faits sayants :

1. Inspector reviewed the health care record for a resident. Inspector noted multiple progress note entries which document the resident's ongoing pain management issues. Inspector reviewed the plan of care for this resident and noted pharmacological interventions were included to manage the pain however, inspector noted no non-pharmacological interventions had been developed or implemented in an effort to treat the resident's pain. The licensee failed to ensure the pain management programs provides for strategies to manage pain including non-pharmacological interventions. [O.Reg. 79/10 s.52(1)(2)]

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 ensuring the pain management program includes non-pharmacological interventions for all residents, to be implemented voluntarily.

Issued on this 7th day of September, 2011

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

