

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 14, 2022	2022_792659_0006	002042-22, 002044- 22, 002045-22	Follow up

Licensee/Titulaire de permis

Corporation of the County of Bruce
30 Park Street Walkerton ON N0G 2V0

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

Gateway Haven Long Term Care Home
671 Frank Street P.O. Box 10 Warton ON N0H 2T0

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

JANETM EVANS (659)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 21 - 25, 28 - 31 and April 1, 2022.

The following intakes were included in this inspection:

Log #002045-22 Follow-up regarding pain assessment.

Log #002044-22 Follow-up regarding reporting to the Director.

Log #002042-22 Follow-up regarding plan of care.

This inspection was completed concurrently with inspection Complaint inspection #2022_792659_0005.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Clinical Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers, Director of Clinical Services Grey Bruce County, Acting DOC Brucelea Haven, Healthcare Aid (HSA), screeners, housekeepers, and residents.

Observations were completed of Infection Prevention and control practices, dining and snack service, staff to resident interactions and general care and cleanliness. A review of records was completed including but not limited to assessments, plans of care, electronic Medication Administration Records (eMAR), complaints log and relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Pain

Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #001	2021_977754_0033		659
O.Reg 79/10 s. 52. (2)	CO #001	2021_977754_0032		659
LTCHA, 2007 S.O. 2007, c.8 s. 6. (11)	CO #002	2021_977754_0033		659

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>Légende</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. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee failed to comply with Compliance Order (CO) #001, from inspection #2021_977754_0032, issued December 3, 2021, related to O. Reg. 79/10, s. 52 (2) with a CDD of January 31, 2022.

The licensee was to review and ensure that the home's Pain Management Policies directed staff to complete comprehensive pain assessments specifically designed for pain, when a resident's pain is not relieved by initial interventions.

A memo sent to staff in February 10, 2022, by the former DNC which directed staff to initiate a Pain Study tool when a resident had unrelieved pain. The home's policy related to pain and symptom management said that staff could consider initiating a Pain Study Tool for 24 hours or longer to assist with the assessment and evaluation of pain management when:

Pain remained regardless of interventions

A scheduled pain medication regimen does not relieve pain

Monitoring and evaluating non-pharmacological interventions

The Pain Lead reviewed the home's pain and symptom management policy and said there was a disconnect, as the home "screened" residents for pain and pain medication effectiveness but they did not document another pain assessment if the resident's pain was not relieved. They also reviewed the pain study tool and said they did not believe it to be a clinically appropriate pain assessment instrument.

Not reviewing and revising the home's policies and procedures for pain management to direct staff to complete a clinically appropriate pain assessment specifically designed for pain when a resident's pain was not relieved by initial interventions may limit the home's understanding of residents' pain and miss opportunities to review and update pain management interventions for residents, for better pain management.

Sources

Record review: Pain and Symptom Management, policy #VII-G-30.30, revised March 11, 2021, Pain and Symptom Management, policy #VII-G-30.10, revised January 2019, February 10, 2022, memo to staff from DNC. Interviews with staff and Pain lead. [s. 101. (3)]

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 review and revise the pain management program/policies and procedures to align with legislation and implement the new policy. Specifically the pain management program/policies and procedures should direct staff when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. All registered staff should be provided education on the new policy., to be implemented voluntarily.

Issued on this 26th day of April, 2022

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

Original report signed by the inspector.