



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 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
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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Feb 1, 2, 9, 2012; 2012_133160_0001; Complaint

Licensee/Titulaire de permis

S & R NURSING HOMES LTD.
265 NORTH FRONT STREET, SUITE 200, SARNIA, ON, N7T-7X1

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

HERON TERRACE LONG TERM CARE COMMUNITY
11550 McNorton Street, WINDSOR, ON, N8P-1T9

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

PEGGY SKIPPER (160), TERRI DALY (115)

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 Director of Care; two Registered Practical Nurses; the Staff Educator; Payroll/Staffing Coordinator; three Personal Support Workers; one resident; and one family member.

During the course of the inspection, the inspector(s) conducted a tour of the Long-Term Care Home; observations made of resident care and services; reviewed clinical records of three residents; reviewed staffing schedules; and reviewed policies and procedures related to Log#L-000075-12.

The following Inspection Protocols were used during this Inspection:

Continence Care and Bowel Management

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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.)	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 saillants :

The individualized urinary continence care needs are not identified on the written plan of care, and the plan does not provide clear direction to staff and others who provide direct care for two identified residents. An interview was conducted with staff who identified the continence care interventions for two residents. These interventions are not recorded in each resident's plan of care.
[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. 8. Policies, etc., to be followed, and records
Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The Long-Term Care Home failed to complete the continence assessment for two identified residents consistent with the homes current policy titled Bladder/Bowel Continence policy # 2.6.2.8. An interview was conducted with staff, confirming that the Long-Term Care Home did not accurately complete the continence assessment for two identified residents consistent with the Long-Term Care Home's policy # 2.6.2.8.
[O.Reg 79/10, s.8.(1)(a)(b)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following subsections:

- s. 51. (2) Every licensee of a long-term care home shall ensure that,
- (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;
 - (b) 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;
 - (c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;
 - (d) each resident who is incontinent and has been assessed as being potentially continent or continent some of the time receives the assistance and support from staff to become continent or continent some of the time;
 - (e) continence care products are not used as an alternative to providing assistance to a person to toilet;
 - (f) there are a range of continence care products available and accessible to residents and staff at all times, and in sufficient quantities for all required changes;
 - (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and
 - (h) residents are provided with a range of continence care products that,
 - (i) are based on their individual assessed needs,
 - (ii) properly fit the residents,
 - (iii) promote resident comfort, ease of use, dignity and good skin integrity,
 - (iv) promote continued independence wherever possible, and
 - (v) are appropriate for the time of day, and for the individual resident's type of incontinence. O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

Review of a resident's clinical record indicates that information provided in the Complete Continence Assessment was incomplete and does not include identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

An interview was conducted with staff confirming that the Complete Continence Assessment form for the identified resident was blank.

[O.Reg 79/10,s.51(2)(a)]

Review of a resident's clinical record indicates that the information provided in the Screening Continence Assessment does not provide complete information including identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions.

An interview conducted with staff confirmed that the information provided for the identified resident was incomplete and the incorrect assessment form was used.

[O.Reg 79/10,s.51(2)(a)]

Issued on this 9th day of February, 2012



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

Two handwritten signatures in black ink. The first signature on the left is "Peggy Zippin" and the second signature on the right is "Terri Daly".