



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
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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 22, 24, 27, 28, 2012	2012_031194_0040	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

KENNEDY LODGE
1400 KENNEDY ROAD, SCARBOROUGH, ON, M1P-4V6

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

CHANTAL LAFRENIERE (194)

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 Director of Care, two residents, three Registered Nurses(RN), one Registered Practical Nurse (RPN) and four Personal Support Workers (PSW)

During the course of the inspection, the inspector(s) observed storage areas on units, and main storage area.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Legendé

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 O.Reg 79/10, s. 51. Contenance 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 :

1. The licensee failed to comply with O.Reg s.51(f) when incontinent products for resident #001 were not readily available to meet the personal care needs of the resident.

Staff confirmed that incontinence products were distributed to the unit by Incontinent team leaders on a daily basis. Nursing staff on day shift on the identified unit, did not have a key to access the extra supplies on the unit. If extra supplies were required the nurse manager needed to be contacted to unlock the supply room.

Resident #001, confirmed that two incontinent products on the day shift were provided. Resident #001 states that when extra incontinent products are required, they would be provided if they were available.

DOC confirmed that Incontinent team lead(PSW)who has key access to the cupboard works evening shift. She stated that if the nursing staff on days, needed access to the locked incontinent cupboard on the unit, the nurse manager would be notified and she would unlock the cupboard on the unit.

Incontinent products on the identified unit, were not readily available to meet the personal care needs of the residents.



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Rapport d'inspection
prévue le Loi de 2007 les
foyers de soins de longue

Issued on this 6th day of September, 2012

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

C. J. J. J. J. J. (194)