



**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 sous la
Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Sep 12, 2016	2016_444602_0028	013500-16	Resident Quality Inspection

Licensee/Titulaire de permis

Omni Health Care Limited Partnership on behalf of 0760444 B.C. Ltd. as General Partner

2020 Fisher Drive Suite 1 PETERBOROUGH ON K9J 6X6

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

KENTWOOD PARK
2 ONTARIO STREET PICTON ON K0K 2T0

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

WENDY BROWN (602), AMBER LAM (541)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 31, September 1 & 2 and September 6 - 9, 2016

Two additional critical incident inspections were completed concurrently with the Resident Quality Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Environmental Services Supervisor and Staff, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Family & Resident Council President(s), residents and residents' family members. In addition, inspectors conducted a tour of the home, completed medication pass observations and reviewed resident health records and relevant policy & procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dignity, Choice and Privacy
Falls Prevention
Family Council
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Skin and Wound Care**

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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. 8. Policies, etc., to be followed, and records



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Specifically failed to comply with the following:

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 O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :



1. As per O. Reg 79/10 s. 48 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and risk of injury.

Resident #014 had several falls during a specified time period.

The home's Director of Care (DOC) indicated during an interview that staff are to complete an incident report in the progress note section for each fall and they are then to complete a post-fall assessment using e-assessments on the electronic health care record.

Inspector #541 reviewed resident #014's electronic and hard copy health care record and was unable to find post-fall assessments for any of the falls. There was also no incident report completed in resident #014's progress notes for one of the falls. The DOC confirmed there were no completed post-fall assessments for the above noted falls.

Inspector obtained policy #CS-12.1 titled Resident Falls dated January 2013. On page 2 of the policy procedure, step 11 states that staff are to complete an incident report in Mede-care following a resident fall. Step 14 further states that the post-fall assessment shall be completed within 24 hours of the fall and provided to the DOC for review. The completed post-fall assessment shall be filed in the resident's clinical record.

Inspector #541 confirmed with the DOC that the home no longer uses a paper copy of the post-fall assessment and instead uses an electronic post-fall assessment which is found on the electronic health care record. The DOC further stated that the paper copy of the post-fall assessment can still be used if the staff member is unable to access the electronic record.

The home failed to ensure that their policy #CS-12.1 titled Resident Falls was complied with as resident #014 did not have a paper copy or an electronic copy of a post-fall assessment completed for falls that occurred during a specified time period. Resident #014 also did not have an incident report completed following one of the specified falls.
[s. 8. (1) (a),s. 8. (1) (b)]



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Issued on this 12th day of September, 2016

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

Original report signed by the inspector.