



**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**

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du apport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 16, 2015	2015_349590_0047	029506-15	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

THE CORPORATION OF THE COUNTY OF LAMBTON  
789 Broadway Street WYOMING ON N0N 1T0

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

LAMBTON MEADOWVIEW VILLA  
3958 PETROLIA LINE R. R. #4 PETROLIA ON N0N 1R0

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

ALICIA MARLATT (590), ALISON FALKINGHAM (518), CAROLEE MILLINER (144)

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## **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): November 2, 3, 4, 5 & 6, 2015.**

**During the course of the inspection, the inspector(s) spoke with The Administrator, three Registered Nurses, eight Registered Practical Nurses, eight Personal Support Workers, one Dietary Aide, two Housekeepers, the Environmental Services Supervisor, one RAI (Resident Assessment Instrument) Coordinator, one Activation Aide, one Occupational Therapist, one Physiotherapy Assistant, the Quality Improvement Nurse, one Life Enrichment staff member, a Confidential Clerk, the Resident Council President, the Family Council President, three Family members and 40+ Residents.**

**During the course of the inspection, the inspector(s) observed all resident home areas, dining services, medication rooms, medication administration, the provision of resident care, recreational activities, resident/staff interactions, infection prevention and control practices, posting of required information.**

**During the course of the inspection, the inspector(s) reviewed resident clinical records, Resident and Family Council meeting minutes and relevant policies and procedures related to inspection.**

**The following Inspection Protocols were used during this inspection:**

**Accommodation Services - Housekeeping  
Accommodation Services - Maintenance  
Dignity, Choice and Privacy  
Dining Observation  
Family Council  
Hospitalization and Change in Condition  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Personal Support Services  
Residents' Council  
Skin and Wound Care**



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

2 WN(s)  
2 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**11. Every resident has the right to,**

**i. participate fully in the development, implementation, review and revision of his or her plan of care,**

**ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,**

**iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and**

**iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. Every licensee of a long term care home shall ensure that the following rights of residents are fully respected and promoted:

Every resident has the right to have his or her personal health information kept confidential within the meaning of the Personal Health Information Act.

On November 4, 2015, at 1355 hours, the door to one of the registered staff documentation rooms was open and unattended.

The Point Click Care (PCC) computer software program in the unlocked room was opened and displaying the Medication Administration Record (MAR) for resident #021. The clinical record binders for all resident's residing on the floor, were also accessible to those that may have entered the unlocked room at this time.

Inspector #590 had spoken with the Administrator on the first day of the RQI, on November 2, 2015, about the home's expectation of accessibility of resident PHI and he confirmed that rooms containing resident PHI should be secured and inaccessible to the



public.

This door was again found open a couple days later with resident PHI accessible for viewing.

The Charge Nurse confirmed that the door to the documentation room should be locked when not in use and that resident's personal health information should be secured at all times. [s. 3. (1) 11. iv.]

2. The licensee failed to ensure that the following rights of residents are fully respected and promoted:

Every resident has the right to have his or her personal health information within the meaning of the Personal Health Information Protection Act.

On November 2, 2015, during the initial tour of the home, the door to a treatment room was found open.

When the room was entered, a report book with twenty four hour reports was open on the table and progress notes for several residents showing their personal health information, a resident equipment checklist with the names of many residents and the types of personal mobility aids that were used and faxed copies of referrals for occupational therapy with residents names on them were visible.

There was a large cabinet with closed unlocked drawers that contained charts for residents that had been seen by geriatric mental health.

This was confirmed by a Registered staff member.

Inspector #590 had spoken with the Administrator on the first day of the RQI, on November 2, 2015, about the home's expectation of accessibility of resident PHI and he confirmed that rooms containing resident PHI should be secured and inaccessible to the public.

This treatment room was observed to be open and accessible again on Nov 4, 2015 and resident PHI was again visible.

The Administrator confirmed that it was his expectation that all resident personal health information is kept private and confidential. [s. 3. (1) 11. iv.]



***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 ensure resident personal health information is kept confidential within the meaning of the Personal Health Information Act, to be implemented voluntarily.***

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**WN #2: 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:**

**s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,**  
**(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).**  
**(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other.

On November 4, 2015, Inspector #518 observed a discoloured area on resident #021. On November 6, 2015, Inspector #144 made a similar observation of resident #021. The resident shared they had no recall of when they sustained the discolouration or of any injury.

Interview with one RN and one RPN revealed the resident's discolouration had not been reported by PSW's to registered staff as required. During interviews with two PSW's, they confirmed the PSW's are to complete a visual skin assessment of each resident during their bath and document abnormal findings in POC (Point Of Care) and report the findings to registered staff.

Resident #021 was bathed twice, as required, the week of November 1st - 7th, 2015. One PSW advised Inspector #144 that the discolouration on the resident was not documented in POC or reported to registered staff as they believed it was normal colouring for this resident.

The current MDS (Multiple Data Set) quarterly assessment and RAP (Resident Assessment Profile) for resident #021 identifies the resident had a skin impairment. Interview with one RPN confirmed the resident's skin impairment resolved almost one year ago and that the clinical record with respect to impaired skin integrity, was incorrect.

Nursing personnel interviewed regarding resident #021's skin integrity confirmed staff did not collaborate with each other to ensure their assessments of the resident are consistent with and complement each other. [s. 6. (4) (a)]

***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 ensure that staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other, to be implemented voluntarily.***



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**Issued on this 16th day of November, 2015**

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

**Original report signed by the inspector.**