Ontario

Ministry of Health and Long-Term Care

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

Ministére 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
May 28, 29, 30, 31, Jun 1, 19, 20, 21, 2012	2012_138151_0015	Complaint

Licensee/Titulaire de permis

584482 ONTARIO INC
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

MANITOULIN LODGE
3 MAIN STREET, P. O. BOX 648, GORE BAY, ON, P0P-1H0

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

MONIQUE BERGER (151)

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 Administrator, Director of Care, RAI Co-ordinator and Rehabilitative Services Coordinator, Registered Staff,Personal Support Workers(PSW), residents and family.

During the course of the inspection, the inspector(s)
- toured the home daily
- reviewed resident health care records
- reviewed related policies and procedures
- reviewed staffing plan, schedules and protocols
- reviewed related programs
- observed dining service to residents

This complaint inspection relates to the following : Log.# S-000394/IL-22433-SU, Log# S-000550/IL-22829-SU, Log.#S-000540-12/IL-22808-SU

The following Inspection Protocols were used during this inspection:

Dining Observation

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

Training and Orientation

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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. Inspector made multiple direct observations of a resident and noted four (4) resident conditions being actively treated that were not identified in the resident's plan of care. In addition, the plan of care directed staff to treat a condition that was no longer current at the time of the inspection.

Inspector reviewed the progress notes for this resident and identified a further resident problem that recurs from time to time and when it does, requires a definite treatment protocol to be applied. The care plan makes no mention of this condition, staff's responsibility to monitor for recurrence and, if recurrence happens, what the interventions should be.

The care set out in the plan of care is not based on an assessment of the resident and the resident's needs and preferences
[LTCA,2007 S.O.2007,c.8,s. 6. (2)]

2.Inspector 151 reviewed the health care records and plan of care for a resident. Inspector noted that there is documentation indicating the resident suffered a new wound in the early part of the year. There is no documentation that would support that the resident's SDM (Substitute Decision-maker) was apprised of the new wound. Interview with staff confirmed that prior to the revision of the home's Wound and Skin Care program held in May 2012, whether or not SDMs were notified of a new wound was "hit and miss".

Inspector reviewed the resident's progress notes for any notation that would indicate that the SDM was apprised of the need and current use of equipment applied to the resident as a falls prevention strategy. No notation was found. Interview with staff confirmed that the home does not consider this equipment as a restraint, therefore, no consent would have been sought from the SDM for it's application.

The resident's SDM and any other person designated by the resident or SDM has not been given an opportunity to participate fully in the development and implementation of the resident's plan of care
[LTCA,2007 S.O.2007,c.8, s. 6. (5)]

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 that ensures that there is a written plan of care for resident #0005 and all other residents that meets the requirements of LTCA,2007 S.O.2007,c.8, s.6.(2)and (5), to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1.At the noon day meal in the large dining room, Inspector 151 observed an incident where a resident choked and required staff assistance to recover. It was confirmed by staff that the resident choked as the result of receiving the wrong therapeutic texture diet.
The licensee failed to provide a process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences
[O.Reg.79/10, s.r 73. (1) 5]

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 that ensures that food service workers and other staff assisting resident are aware of the resident's diets, special needs and preferences, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).

Findings/Faits saillants :

1. Interview with staff # 97 confirms that the home does not have a written staffing plan for the nursing and support services programs that would meet the requirements of O.Reg.79/10, s.31.2.

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 that ensures the home's staffing plan meets the requirements of O.Reg.79/10, s.31.2., to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Findings/Faits saillants :

1. Interview with staff #96 confirms that the home does not have a responsive behaviour program. The home, however, is following unofficial and draft policies and procedures, none of which have been signed by the licensee. The program remains unofficial with some parts in effect: i.e. Responsive Behaviour Committee.
The licensee has not ensured that the requirements of O.Reg.79/10, s.53 are developed to meet the needs of the resident with responsive behaviours.[O.Reg.79/10, s.53]

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 that ensures that the requirements of O.Reg.79/10, s.53 are developed to meet the needs of the residents with responsive behaviours, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 223. Orientation for volunteers

Specifically failed to comply with the following subsections:

s. 223. (2) For the purposes of clause 77 (f) of the Act, the following are the other areas on which information shall be provided:
1. Resident safety, including information on reporting incidents, accidents and missing residents, and information on wheelchair safety.
2. Emergency and evacuation procedures.
3. Escorting residents.
4. Mealtime assistance, if the volunteer is to provide such assistance.
5. Communication techniques to meet the needs of the residents.
6. Techniques and approaches to respond to the needs of residents with responsive behaviours. O. Reg. 79/10, s. 223 (2).

Findings/Faits saillants :

1. At the noon day meal in the large dining room, Inspector 151 observed an incident where a resident choked and required staff assistance to recover. Inspector noted that the resident was receiving meal time assistance by a volunteer. It was confirmed by staff that the resident choked as the result of receiving the wrong therapeutic texture diet. Interview with staff and the volunteer confirmed there had been no orientation for mealtime assistance prior to the volunteer assuming this task.

The licensee did not ensure the volunteer providing meal time assistance to residents received the orientation for resident mealtime assistance. [O. Reg. 79/10, s. 223 (2)]

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 ensuring that every volunteer receives the orientation related to mealtime assistance, if the volunteer is to provide such assistance, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits saillants :

1. On May 29, 2012 at 1330 h, Inspector 151 toured the home and did an audit for call bell accessibility. It was found that 5 of 16 call bells (31.25%) were found not to be accessible to residents, staff or visitors. Call bells not accessible were found on the floor near the head of the bed, on the floor under the bed or wedged between the bed and the bed-rail The licensee has not ensured that the home is equipped with a resident-staff communication and response system that can be easily seen, accessed and used by residents, staff and visitors at all times.[O.Reg.79/10, s.17.(1)(a)]

Issued on this 21st day of June, 2012

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

Monique G. Berger