



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**

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4ième étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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
May 1, 2014	2014_216144_0018	L-000388-14	Resident Quality Inspection

Licensee/Titulaire de permis

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

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

MARSHALL GOWLAND MANOR
749 DEVINE STREET, SARNIA, ON, N7T-1X3

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

CAROLEE MILLINER (144), ALI NASSER (523), ALICIA MARLATT (590), INA REYNOLDS (524), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



**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**

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

This inspection was conducted on the following date(s): April 7, 8, 9, 10, 11, 2014

During the course of the inspection, the inspector(s) spoke with 40 + resident's, five family members, the Resident Council President, Administrator, Director of Nursing and Personal Care, the Life Enrichment Coordinator, Environmental Services Supervisor, Registered Dietitian, Staffing Clerk, two Registered Nurses, six Registered Practical Nurses, nine Personal Service Workers, one Physio Assistant, Housekeeping and Laundry Aide, one maintenance personnel, two Cooks and three Dietary Aides.

During the course of the inspection, the inspector(s) toured all resident home areas, observed dining services, medication rooms, medication administration, the provision of resident care, recreation activities, resident/staff interactions, infection prevention and control practices and reviewed resident clinical records, posting of required information, meeting minutes, relevant policies and procedures and completed complaint L-000336-14.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Accommodation Services - Maintenance
Dining Observation
Falls Prevention
Family Council
Food Quality
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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:

- 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; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

Findings/Faits saillants :



1. The licensee did not ensure that the plan of care sets out clear directions to staff and others who provide direct care to the resident.

- a) Two residents had similar devices attached to their wheelchair.
- b) Four staff confirmed the devices are not to set items on for easy access by the residents.
- d) The plan of care for both residents did not include the devices were used.[s. 6. (1) (c)]

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 the written plan of care for each resident sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17.

Communication and response system

Specifically failed to comply with the following:

- 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; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (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. The Licensee did not ensure that the home is equipped with a resident-staff communication and response system that can be easily accessed and used by residents, staff and visitors at all times as evidenced by:

- a) Three resident bathroom call bell systems were observed to be either inaccessible or not able to be activated by residents.
- b) Call bell system cords in two rooms were wrapped around the call bell unit. This prevented the residents from activating the call system.
- c) The call bell system in one room was not accessible as it did not have a pull cord attached to it. This was confirmed by a Personal Support Worker.
- d) Interview with the Administrator revealed that the expectation is that maintenance completes an audit so that the bathroom call bell system can be easily accessed and used by Residents. [s. 17. (1) (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 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, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 91. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times. O. Reg. 79/10, s. 91.

Findings/Faits saillants :

- 1. a) During the initial tour of the home, two housekeeping storage areas were observed by three Inspectors to be unattended and unlocked.
- b) Chemicals were present in each storage room.
- c) This was verified by one housekeeping aide who then locked the doors.
- d) The Administrator confirmed that the expectation is that all housekeeping storage rooms with hazardous chemicals are locked at all times when unattended and kept inaccessible to residents. [s. 91.]



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 all hazardous substances at the home are labeled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee did not ensure that all staff participate in the implementation of the infection prevention and control program as evidenced by:

a) Numerous call bell cords in resident shared washrooms were observed touching the floor.

b) The Administrator and Environmental Services Supervisor confirmed the call bell cords in resident bathrooms should not be touching the floor and maintenance will shorten the cords. [s. 229. (4)]

2. The licensee did not ensure that all staff participate in the infection control program.

a) Unlabeled cream containers used for residents, were observed in one spa room.

b) A basket containing unlabeled personal hygiene items was observed in one spa



room.

- c) A sign posted in one spa room clearly stated the homes expectation is that all personal care products will be labeled.
- d) One garbage storage room was left unlocked with garbage inside. This was verified by and the door locked by one staff.
- e) Unlabeled personal care items were observed in a semi private room.
- f) Two unlabeled personal hygiene were observed in a semi private room. This was verified by one staff.
- g) One infection control cart was observed outside a resident room without signage to indicate infection control interventions that had been put in place.
- h) During the initial tour of the home, three Inspectors observed infection control carts outside of numerous resident rooms without signage to indicate infection control interventions had been put in place.
- i) One staff and one management personnel confirmed the requirement of posting signage to alert staff and visitors of infection control precautions. [s. 229. (4)]

3. The licensee did not ensure each resident admitted to the home was screened for tuberculosis within 14 days of admission, unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.

- a) One resident was admitted to the home in 2013.
- b) The clinical record revealed step one tuberculosis screening was not administered to the resident within 14 days of admission.
- c) Step two tuberculosis screening was not administered until two months after admission to the home.
- d) One management personnel confirmed the resident's tuberculosis screening was not initiated within 14 days of admission to the home. [s. 229. (10) 1.]

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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.



WN #5: 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:

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. The licensee of the long term care home did not ensure a plan, policy, protocol, procedure, strategy or system was complied with.

a) During review of the clinical record for one resident, an entry was noted indicating an medication error had occurred.

b) One staff confirmed a medication error had occurred and a medication incident report was not completed.

c) The author of the clinical record entry documented their assessment of the resident for adverse effects from the medication error.

d) One management personnel confirmed the medication incident policy was not followed and should have been completed in response to the medication error.

e) The medication incident policy confirmed the requirement to complete an incident report in response to a medication incident with a resident. [s. 8. (1) (b)]

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**
-

Findings/Faits saillants :

1. The licensee did not ensure that the home, furnishings and equipment are kept clean and sanitary.

- a) One resident requires a specific intervention to protect them from injury.
- b) The physical intervention in use was observed by one Inspector to be heavily stained and soiled.
- c) One staff confirmed their awareness of the stain and soil on the item and stated they had previously reported this to housekeeping staff.
- d) The above staff was unable to confirm if the fall mat had been cleaned by housekeeping.
- e) One management personnel confirmed the fall mat should have been replaced with a new one. [s. 15. (2) (a)]

2. The licensee did not ensure that the home, furnishings and equipment are maintained in a safe and in a good state of repair as evidenced by:

- a) Observation of broken plastic pieces attached to the wall in one spa room.
- B) The Environmental Services Supervisor confirmed that he did not know about the broken pieces of plastic and that broken equipment and furnishings should be reported to the maintenance staff upon discovery of areas of disrepair. [s. 15. (2) (c)]

WN #7: 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:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants :

1. The Licensee did not ensure that there is a written record of the annual evaluation of the staffing plan as evidenced by:
 - a) A review of the Home's staffing plan and schedules revealed that the Licensee failed to keep a written record of the formal annual evaluation of the staffing plan.
 - b) This was confirmed by the Director of Nursing and the Administrator. [s. 31. (4)]

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee did not ensure that staff use safe transferring and positioning techniques when assisting residents.
 - a) One resident has been assessed at moderate risk for injury.
 - b) The resident is ambulatory for locomotion purposes.
 - c) The current minimum data set (MDS) identifies the resident requires assistance of two staff for a specific task.
 - d) One staff was observed coaxing the resident to complete the task independently.
 - e) The resident was further observed to struggle with the task and was not assisted by staff as outlined in the plan of care. [s. 36.]
-



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

Issued on this 1st day of May, 2014

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

CAROLEE MILLINER