



**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**

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, L1K-0E1
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4^{ième} étage
OTTAWA, ON, L1K-0E1
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

**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
Aug 15, 2014	2014_179103_0020	O-000305- 14	Complaint

Licensee/Titulaire de permis

COUNTY OF PRINCE EDWARD
603 Highway 49, R R 2, PICTON, ON, K0K-2T0

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

H.J. MCFARLAND MEMORIAL HOME
R.R. #2, 603 HIGHWAY 49, HALLOWELL TOWNSHIP, PICTON, ON, K0K-2T0

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

DARLENE MURPHY (103)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 6, 7, 14, 2014

During the course of the inspection, the inspector(s) spoke with a Resident, Personal Support Workers (PSW), a Registered Practical Nurse (RPN), Registered Nurses (RN), the Physiotherapist, the Director of Care (DOC) and the Administrator.

During the course of the inspection, the inspector(s) made resident observations related to dining and care, reviewed a resident health care record and reviewed the home's policy on restraints.

The following Inspection Protocols were used during this inspection:



Dignity, Choice and Privacy
Minimizing of Restraining
Personal Support Services

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Table with 2 columns: Legend and Legendé. Legend includes WN (Written Notification), VPC (Voluntary Plan of Correction), DR (Director Referral), CO (Compliance Order), WAO (Work and Activity Order). Legendé includes Avis écrit, Plan de redressement volontaire, Aiguillage au directeur, Ordre de conformité, Ordres : travaux et activités. The table also contains text describing non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) and the corresponding findings in French under the Loi de 2007 sur les foyers de soins de longue durée (LFSLD).

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 29. Policy to minimize restraining of residents, etc.



Specifically failed to comply with the following:

- s. 29. (1) Every licensee of a long-term care home,
(a) shall ensure that there is a written policy to minimize the restraining of residents and to ensure that any restraining that is necessary is done in accordance with this Act and the regulations; and 2007, c. 8, s. 29 (1).
(b) shall ensure that the policy is complied with. 2007, c. 8, s. 29 (1).**
-

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, s. 29 (1) (b) by failing to follow the home's restraint policy.

On an identified date, staff utilized a prohibited device to facilitate the positioning of Resident #1 during mealtime. The physiotherapist was interviewed and stated staff were having difficulty feeding Resident #1. The physiotherapist stated he spoke with the resident's family member about the device, gained their consent and then spoke with the Director of Care. He stated the DOC consented to the use of the device which he brought from home and trialled on the resident. The physiotherapist stated he believed the prohibited device was a Personal Assistance Services Device (PASD) and it would be used only during the duration of mealtime. The physiotherapist was asked if a documented assessment had been completed and he directed the inspector to the resident progress notes. On an identified date, the physiotherapist had made a brief entry in Resident #1's progress notes. There was no additional documented information related to the use of the prohibited device. According to the physiotherapist, the device was used one time only because staff expressed concern that it was not an acceptable way to address the resident's issue.

The Director of Care was interviewed and stated the physiotherapist had approached her and stated he wanted to try the device on the resident to assist with positioning during meals. She further stated he had tried this in another Long Term Care home with success and he had already spoken with Resident #1's family member to gain consent. The DOC stated she told him to go ahead and try the device, but advised the physiotherapist it would have to be discontinued if the resident didn't like it. The DOC was asked if she viewed the device as a restraint. The DOC stated she had reviewed the restraint policy and believed the device would be considered appropriate because it was being used for a therapeutic purpose .

The home's policy, "Minimizing Restraints", #RC-PO was reviewed. Under "policy" it indicates, sheets, wraps, tensors or other types of strips or bandages may not be used



other than for therapeutic purposes. Under "Available restraints and PASD's", the following Personal Assistance Services Device (PASD) were listed as available for use in the home: lap belt, tabletop, half bed rails, tilt chairs or positioning chairs, positioning cushions, chair or bed alarms. Additionally the following information is documented under "Use of a PASD: Procedure":

- prior to implementation, a PASD assessment by the multidisciplinary team is required which will include precipitating factors for considering a PASD including clinical indicators or functional deficits, alternative treatment options, why alternative options were not suitable, identifying appropriate PASD's, develop goals and strategies for the use of a PASD, ensuring the PASD is best suited to meet the goals, ensuring the PASD is least restrictive,
- alternatives to the PASD will be considered, trialed and fully documented prior to the use of a PASD,
- an informed consent is required which must include type of PASD, goals for its use, expected benefits, potential risks, alternatives to PASD, frequency of observations,
- the informed consent process must be documented,
- the multidisciplinary team will develop a plan of care for the use of the PASD which must include, who authorized the PASD, the PASD being used, the purpose of the PASD including goals and outcomes, when the PASD will be used, who will apply and remove the PASD, identify the risks associated with the use of the PASD and what interventions are required to reduce the risks, the frequency of monitoring while the PASD is in use, when the PASD is to be reassessed and clear direction for when the PASD is to be removed and the specific routine of daily living for which it is intended, and
- the team will monitor the resident's emotional, cognitive and physical response to the use of the PASD.

The restraint policy was not complied with as follows:

- the policy indicates the device would not be considered an acceptable device for the use as a PASD,
- prior to the implementation of the device, a multidisciplinary assessment was not completed,
- there was no documented evidence that alternatives were considered,
- there was no documented evidence that the consent was informed,
- there was no plan of care developed and
- there was no documented evidence the resident's emotional, cognitive and physical response to the use of the device was assessed. [s. 29. (1) (b)]



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's policy, "Minimizing Restraints", RC:PO is complied with when considering restraints or PASD's for residents, to be implemented voluntarily.

WN #2: 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:

1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007 s. 3 (1) 1. whereby a resident's dignity was not respected.

On an identified date, a prohibited device was use to assist in the positioning of Resident #1 during mealtime. The resident was seated in the large dining area on the main floor of the home among a large number of co-residents. Resident #1 was interviewed and advised the inspector that he/she could recall the device being used and did not like it. Staff members were interviewed and also expressed concern related to a lack of consideration for the resident's dignity. [s. 3. (1) 1.]



**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 18th day of August, 2014

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