Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 3, 2014	2014_299559_0012	T-655-13, T-661-13, T-760-13	Complaint

Licensee/Titulaire de permis

HUNTSVILLE LONG TERM CARE CENTRE INC.
689 YONGE STREET, MIDLAND, ON, L4R-2E1

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

MUSKOKA LANDING
65 ROGERS COVE DRIVE, HUNTSVILLE, ON, P1H-2L9

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

ANN HENDERSON (559)

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): May 22,23,26,27,28, 2014.

During the course of the inspection, the inspector(s) spoke with administrator,director of care (DOC), co-director of care (co-DOC), registered staff, personal support workers (PSW), restorative care coordinator, resident family service coordinator and residents.

During the course of the inspection, the inspector(s) reviewed clinical documentation, resident charts, resident observations, meal and snack observation, policies related to concerns and complaint management, fall prevention and management and infection control and prevention, fall prevention meeting minutes, responsive behaviour management committee meeting minutes.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Responsive Behaviours
Snack Observation

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 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 failed to ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

On an identified date resident #04 was placed at his/her place at the dining table, the resident pushed him/herself back from the table, stood up and fell to the floor as witnessed by another resident. An identified registered staff revealed the resident would not allow a full assessment including vital signs and range of movement (ROM) and the resident was complaining of lots of pain in his/her left shoulder and left hip/upper leg.
The PSWs were instructed by the registered staff to use the mechanical lift and remove the resident from the dining as he/she was in the way of other residents entering the dining room. The resident was lifted and transferred by a mechanical lift into a transfer wheelchair, moved to the nurses' station and then into a conference room. The registered staff then called for an ambulance.
The resident was then transferred to hospital, diagnosed with a hip fracture, had surgery but never regained consciousness and passed away a few days later.
A PSW indicated residents are not normally lifted after a fall when in pain and this resident was shaky, crying and calling out in pain. He/she wondered if they really should move him/her but the nurse had said to do so.
The home policy Falls Prevention and Management Program effective 09/16/2013 states that a resident is to receive an assessment prior to moving, including assessment for ROM of extremities. An identified registered staff revealed that " if we feel we have to move them and get them out of the way then we move them, you can't really leave them on the floor".
An identified registered staff confirmed that an assessment for ROM had not occurred and PSWs had been instructed to use a mechanical lift. [s. 36.]

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 use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #2: 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 failed to ensure that any plan, policy, protocol, strategy or system instituted is complied with.

The home policy Falls Prevention and Management Program effective 09/16/2013 states that a resident is to receive an assessment prior to moving, including assessment of range of movement (ROM) of extremities and neck, lacerations/bruises, vital signs (including BP standing as able), head injury routine (HIR) as indicated.
On an identified date resident #04 fell to the floor in the dining room as witnessed by another resident. An identified registered staff revealed the resident would not allow a full assessment including range of movement (ROM), vital signs and the resident was complaining of a lot of pain in his/her left shoulder and hip/upper leg. The resident was lifted and transferred by a mechanical lift into a transfer wheelchair, moved to the nurses' station and then into a conference room. The registered staff then called for an ambulance.
A PSW indicated residents are not normally lifted after a fall when in pain and this resident was shaky, crying and calling out in pain. An identified registered staff revealed that the resident was moved as he/she was in the way of some of the other residents coming into the dining room.
An identified registered staff confirmed that an assessment for ROM had not occurred and PSWs had been instructed to use a mechanical lift. [s. 8. (1) (a),s. 8. (1) (b)] [s. 8. (1) (a),s. 8. (1) (b)]

WN #3: 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. (10) The licensee shall ensure that the following immunization and screening measures are in place:
2. Residents must be offered immunization against influenza at the appropriate time each year. O. Reg. 79/10, s. 229 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the residents are offered immunization against influenza at the appropriate time each year.

A review of the home's infection prevention and control program effective date 09/16/2013 reveals each resident must be offered immunization against influenza at the appropriate time each year.
The home's newsletter "Highlights for September and October 2013" revealed the home will hold in-house flu clinics for all residents at the end of October or beginning of November.
The DOC and co-DOC confirmed the appropriate time is when the vaccine is available and the Public Health fact sheet used by the home revealed the influenza immunization should be given prior to the onset of the influenza season, during the month of October.
There had been a change in practice in obtaining consent for influenza immunizations and families were sent a letter, asking for consent for residents to receive the influenza immunization.
The home sent their vaccine request for residents to the public health unit on October 29, 2013. Seven residents were immunized on November 15, 2013, thirty-seven residents were immunized in December, 2013 and thirteen residents did not receive their immunizations until after the Christmas period and into 2014. The DOC and co-DOC confirmed the immunizations were not offered at the appropriate time. [s. 229. (10) 2.]

Issued on this 3rd day of June, 2014

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