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

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

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Oct 24, 2014	2014_216144_0051	L-001331-14	Resident Quality Inspection

Licensee/Titulaire de permis

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

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

NORTH LAMBTON LODGE
39 Morris Street, R.R. #6, FOREST, ON, N0N-1J0

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

CAROLEE MILLINER (144), NANCY JOHNSON (538), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 6, 7, 8, 9, 10, 2014

During the course of the inspection, the inspector(s) spoke with 40 plus residents, three family members, one Family Council representative, the Administrator, Director of Nursing and Personal Care, Dietary and Environmental Manager, Life Enrichment Manager, Maintenance Supervisor, one maintenance personnel, one Registered Nurse, four Registered Practical Nurses and five Personal Service Workers.

During the course of the inspection, the inspector(s) toured all resident home areas, one medication room, observed dining services, medication administration, provision of resident care, recreational activities, resident/staff interactions, infection and prevention practices, reviewed residents clinical records, posting of required information, meeting minutes related to the inspection and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Recreation and Social Activities
Residents' Council
Skin and Wound Care
Sufficient Staffing

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:

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 has failed to ensure that the plan of care set out clear directions to staff and others who provide direct care to the resident.

a) Resident #041 was observed October 7 and 8, 2014 sitting in a tilt wheelchair with the chair in a tilt position.
b) October 8, 2014, resident #041 confirmed to Inspector #144, they were unable to get out of the wheelchair if they wished to, when it is in the tilt position.
c) Two registered staff confirmed the resident was immobile in their wheelchair whether it is in an upright or tilted position and that the chair is being used as a personal assistive device (PASD.)
d) The October 1, 2014 written plan of care includes interventions for the tilt wheelchair to be used as a PASD.
e) August 8, 2014 and September 8, 2014, registered personnel documented progress notes related to the use of the tilt wheelchair as a restraint.
f) The Director of Nursing and Personal Care confirmed the tilt wheelchair should be considered a restraint and that the plan of care did not provide clear direction to staff that provide direct care to the resident. [s. 6. (1) (c)]

WN #2: 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participate in the implementation of the Infection Prevention and Control Program.

a) Observation of the noon dining service on October 6, 2014 at 1230 hours revealed a staff member removing empty soup dishes from the dining tables.
b) The staff member then proceeded to change the garbage bag on the tray removal cart then, returned to a dining table and began assisting residents with their meals without washing their hands.
c) The staff member confirmed to Inspector #538 that they should have washed their hands before assisting residents with their meals.
d) The Director of Nursing and Personal Care confirmed their expectation that staff are required to wash their hands between different tasks in the dining room and before assisting residents with their meals. [s. 229. (4)]

Issued on this 24th day of October, 2014

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