Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	MARGOT BURNS-PROUTY (106)
Inspection No. / No de l'inspection :	2013_211106_0042
Log No. / Registre no:	S-000462-13, S-000446-13
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Jan 14, 2014
Licensee / Titulaire de permis :	BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA 1220 Valley Drive, KENORA, ON, P9N-2W7
LTC Home / Foyer de SLD :	NORTHWOOD LODGE 51 Highway 105, P.O. Box 420, RED LAKE, ON, P0V-2M0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DORIS COGHILL

To BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The Licensee shall ensure that the staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work.

Grounds / Motifs :

1. During the initial intake for this complaint, the complainant indicated that staff will not always bathe residents if they are working short. On December 4, 2013, the inspector observed 9 residents to have greasy looking hair. The inspector reviewed many "Northwood Lodge Bath Assessments" for October and November 2013 and found that many residents were not documented as receiving 2 baths per week. On December 5, 2013, the Administrator/DOC told the inspector that if staff were working short they had not spent time after their shift to ensure that all bathing documentation was completed.

On December 5, 2013, the Office Manager assisted the inspector with determining which days the home was short staffed for PSWs and registered staff and the following was found:
- Short PSWs on the following Day Shifts: October 5, 9, 10, 11, 12, 22, 23, 27, 2013 and November 1, 2, 3, 6, 11, 15, 22, 29 (short for 4 hours), 30, 2013 and December 1, 2 (short for 3 hours), 3 (short for 3 hours), 4 (short for 3 hours), 5, 2013
- Short PSWS on the following Evening Shifts: October 2 (short for 3 hours), 6, 13, 18, 19, 20, 21, 23 (short for 3 hours), 27 (1 PSW short from 3-5 pm and 9-11pm), 28, 31, 2013 and November 1, 2, 3, 15, 18, 19, 28, 2013 and Dec 1, 5, 2013
-Short Registered staff (RN, RPN) on the following Day Shifts: October 15, 23, 2013 and November 29, 2013.

On December 5, 2013, the inspector asked the Administrator/DOC if the home currently had a back-up plan in place for nursing and personal care staffing that addresses situations when staff cannot come to work and they stated they do not. The Licensee failed to ensure that the staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work.
(106)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jan 24, 2014

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministère de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 14th day of January, 2014

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : MARGOT BURNS-PROUTY

Service Area Office / Bureau régional de services : Sudbury Service Area Office

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

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

Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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
Jan 14, 2014	2013_211106_0042	S-000462-13, S-000446-13	Complaint

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA
1220 Valley Drive, KENORA, ON, P9N-2W7

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

NORTHWOOD LODGE
51 Highway 105, P.O. Box 420, RED LAKE, ON, P0V-2M0

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

MARGOT BURNS-PROUTY (106)

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): December 3, 4, 5, 2013

The following logs were reviewed as part of this inspection: Log # S-000462-13, S-000446-13

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Office Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activation Staff, Dietary Aides and Residents.

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Medication

Minimizing of Restraining

Personal Support Services

Safe and Secure Home

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 O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,
(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).
(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).
(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).
(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. During the initial intake for this complaint, the complainant indicated that staff will not always bathe residents if they are working short. On December 4, 2013, the inspector observed 9 residents to have greasy looking hair. The inspector reviewed many "Northwood Lodge Bath Assessments" for October and November 2013 and found that many residents were not documented as receiving 2 baths per week. On December 5, 2013, the Administrator/DOC told the inspector that if staff were working short they had not spent time after their shift to ensure that all bathing documentation was completed.

On December 5, 2013, the Office Manager assisted the inspector with determining which days the home was short staffed for PSWs and registered staff and the following was found:
- Short PSWs on the following Day Shifts: October 5, 9, 10, 11, 12, 22, 23, 27, 2013 and November 1, 2, 3, 6, 11, 15, 22, 29 (short for 4 hours), 30, 2013 and December 1, 2 (short for 3 hours), 3 (short for 3 hours), 4 (short for 3 hours), 5, 2013
- Short PSWS on the following Evening Shifts: October 2 (short for 3 hours), 6, 13, 18, 19, 20, 21, 23 (short for 3 hours), 27 (1 PSW short from 3-5 pm and 9-11pm), 28, 31, 2013 and November 1, 2, 3, 15, 18, 19, 28, 2013 and Dec 1, 5, 2013
-Short Registered staff (RN, RPN) on the following Day Shifts: October 15, 23, 2013 and November 29, 2013.

On December 5, 2013, the inspector asked the Administrator/DOC if the home currently had a back-up plan in place for nursing and personal care staffing that addresses situations when staff cannot come to work and they stated they do not. The Licensee failed to ensure that the staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work. [s. 31. (3)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

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:
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. On December 3, 2013, at 1815 hrs, resident #006 was overheard telling a RPN that they required assistance, the RPN told the resident that someone would help them as soon as they could. The inspector observed the resident enter their room, from 1815 to 1919 hrs, the inspector did not see any staff enter resident #006's room. At 1920 hrs, the inspector asked resident #006 if staff had assisted them and they stated, no.

The plan of care for resident #006 was reviewed, which indicated that resident #006 is totally dependent on others in some aspects of their care. The Licensee failed to ensure that resident #006's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs was fully respected and promoted. [s. 3. (1) 4.]

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 resident #006's right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs is fully respected and promoted, to be implemented voluntarily.

WN #3: 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The care plan document for resident #007 was reviewed by the inspector, which indicated, staff were to follow very specific interventions when assisting the resident with eating and drinking and monitoring resident while eating and drinking. On December 5, 2013, during the lunch meal service, the inspector observed a RN assist the resident, the staff member did not follow the specific interventions found in the resident's plan of care. On December 5, 2013 at approximately 1350 hrs, the inspector observed resident #007, unsupervised in a dining area with beverages in front of them. At approximately 1353 hrs, resident #007 was observed to drink one of the beverages. Resident #007 was left unsupervised while drinking for a minimum of 7 minutes until a PSW came and removed the resident from the dining area. The Licensee failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. [s. 6. (7)]

2. The plan of care for resident # 002 was reviewed by the inspector, the section titled, "ADL Functional Rehabilitation" contained the following intervention, "REHAB WALKING PROGRAM: Staff will assist to walk minimum of 15 minutes per day EG. to and from meals etc.". On December 5, 2013, the inspector asked a Physiotherapist Assistant (PTA)/PSW when resident #002 is walked as part of the Rehab Walking Program and where that information is documented. The PTA/PSW stated that the resident is walked as often as they have time and it is documented on the "Resident Observation & Monitoring Form".

The inspector reviewed the October and November 2013, "Resident Observation & Monitoring Forms", which indicated resident #002 was walked on the following days:
-for 10 minutes on November 7,12, 14, 19, 21, 26, 28, 2013
-for 10 minutes on October 8, 10, 15, 17, 22, 24, 2013.

The inspector did not observe the resident to be assisted with walking during this 3 day inspection. The Licensee failed to ensure that the care set out in the plan of care is provided to resident #002 as specified in the plan. [s. 6. (7)]

3. On December 3 and 4, 2013 the inspector observed resident #002 restrained in their chair. The Inspector reviewed resident #002's plan of care, which specified resident #002 is to be restrained in a manner other than how the resident was restrained on December 3 and 4, 2013. The Licensee failed to ensure that the care set out in the plan of care for resident #002 was provided to the resident as specified in the plan. [s. 6. (7)]

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 the care set out in the plan of care is provided to the resident as specified in the plan, specifically in regards to monitoring resident #007 while they are eating and drinking, following resident #002's rehab walking program and the manner in which resident #002 is restrained, to be implemented voluntarily.

WN #4: 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. On December 3, 2013, at 1920 hrs the inspector entered resident #006's room to ask the resident if staff had assisted them. The resident stated staff had not assisted them and they were waiting for them to come and assist them. The inspector asked the resident if they had rang for staff to come and assist them and they stated that they could not access their call bell. The inspector observed the call bell was clipped to the opposite side of the bed from where the resident was sitting in their wheelchair and there was transfer equipment on the floor. The resident was unable to maneuver their wheelchair to access the call bell on the other side of the bed. The inspector stepped around the transfer equipment and handed the resident the call bell which they activated. The Licensee failed to ensure that 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. [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 that 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, specifically to ensure that resident #006 has easy access to the system in their bedroom, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. On December 4, 2013, the inspector observed resident #007 to have greasy looking hair. The October, November and December 2013, "Northwood Lodge Bath Assessment" forms for resident #007 were reviewed and the following was found:
-the week of October 13 to 19/13, resident received 1 bath
-the week of October 20 to 26/13, resident received 1 bath
-the week of October 27 to November 2/13, resident received 1 bath
-the week of November 10 to 16/13, resident received 1 bath
-the part week of December 1 to 4/13, resident received 0 baths
The Licensee failed to ensure that resident #007 was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33. (1)]

2. The October, November and December 2013, "Northwood Lodge Bath Assessment" forms for resident #002 were reviewed and the following was found:
-week of October 13 to 19/13, resident received 1 bath
-week of October 20 to 26/13, resident received 0 baths
-week of November 3 to 9/13, resident received 0 baths
-week of November 17 to 23/13, resident received 0 baths
-week of November 24 to 30/13, resident received 1 bath
The Licensee failed to ensure that resident #002 was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33. (1)]

3. On December 4, 2013, the inspector observed resident #004 to have greasy looking hair. The October, November and December 2013, "Northwood Lodge Bath Assessment" forms for resident #004 were reviewed and the following was found:
-week of September 29 to October 5/13: no bath
-week of October 13 to 19/13: received 1 bath
-week of October 20 to 26/13: received 1 bath -week of November 3 to 9/13: no bath
-week of November 10 to 16/13: received 1 bath (recorded on October bath sheet)
-week of November 17 to 23/13: no bath
-week of November 24 to 30/13: no bath
The Licensee failed to ensure that resident #007 was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33.

(1)]

4. On December 4, 2013, the inspector observed resident #008 to have greasy looking hair. The October, November and December 2013, "Northwood Lodge Bath Assessment" forms for resident #008 were reviewed and the following was found:
-week of September 29 to October 5/13: no baths
-week of October 13 to 19/13: received 1 bath
-week of October 20 to 26/13: received 1 bath
-week of October 27 to November 2/13: received 1 bath
-week of November 3 to 9/13: received 1 bath
-week of November 10 to 16/13: received 1 bath
-week of November 17 to 23/13: no baths
-week of November 24 to 30/13: no baths
The Licensee failed to ensure that resident #007 was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33. (1)]

5. On December 4, 2013, the inspector observed resident #003 to have greasy looking hair. The October, November and December 2013, "Northwood Lodge Bath Assessment" forms for resident #003 were reviewed and the following was found:
-week of October 6 to 12/13: received 1 bath
-week of October 13 to 19/13: 1 received 1 bath
-week of October 20 to 26/13: no baths
-week of October 27 to November 2/13: no baths
-week of November 3 to 9/13: no baths
-week of November 10 to 16/13: received 1 bath
-week of November 17 to 23/13: received 1 bath
-week of November 24 to 30/13: no baths
The Licensee failed to ensure that resident #003 was bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. [s. 33. (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 residents #002, 003, 004, 007, 008 are bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 47. Qualifications of personal support workers

Specifically failed to comply with the following:

s. 47. (1) Every licensee of a long-term care home shall ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). O. Reg. 79/10, s. 47 (1).

Findings/Faits saillants :

1. On December 4, 2013, a staff member provided the inspector with the nursing schedules from September 30 to November 28, 2013 and indicated which PSWs had a PSW certificate, were nursing or PSW students or had been grandfathered into a PSW position when the Long-Term Care Homes Act 2007 (LTCHA) came into effect.

Inspector reviewed the schedules and found that staff member #S-100 who was identified as a PSW student, worked as a PSW during the following shifts:
-Days: September 30, 2013; October 1, 2, 3, 8, 9, 30, 2013
-Evenings: October 3, 6, 12, 13, 14, 17, 18, 19, 20, 23, 24, 25, 27, 28, 31, 2013; November 1, 2, 3, 10, 11, 13, 14, 16, 17, 21, 22, 23, 24, 2013
-Nights: October 21, 2013; November 7, 8, 2013

On December 5, 2013, the inspector further clarified with the Administrator/DOC if staff member #S-100 who was working as a PSW, was completing the practical experience requirements of their PSW course and they stated that staff member #S-100 was not. The Licensee failed to ensure that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). [s. 47. (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 on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2), to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

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:
4. Monitoring of all residents during meals. O. Reg. 79/10, s. 73 (1).

s. 73. (2) The licensee shall ensure that,
(b) no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. O. Reg. 79/10, s. 73 (2).

Findings/Faits saillants :

1. On December 4, 2013, at approximately 1330 hrs, at the end of the lunch meal service, the inspector observed 4 residents in the main dining area with no staff supervision. Three of the residents were drinking beverages and the fourth resident was eating their dessert and drinking a beverage. At 1336 hrs, a RN came into the dining area and the inspector asked them if someone should be monitoring the residents that were still eating and drinking. The RN told the inspector that someone should be monitoring the residents, but did not know who had been assigned that task. The staff member then left to find the PSW who should have been monitoring the residents. The licensee failed to ensure that the home has a dining and snack service that includes, monitoring of all residents during meals. [s. 73. (1) 4.]

2. December 3, 2013, at 1730 hrs during the supper service, inspector observed 3 plates of food on 2 tables in a dining area. Resident #009 and #004 were seated beside their meals. At 1742 hrs a third resident #007 was brought into the dining area and seated next to the 3rd plate of food, a PSW stated, "Let's see if your tea is still hot." A PSW placed their hand on the beverage mug and stated, "Oh yes it is still warm" and left the resident at the table. At 1744 hrs the PSW returned to the dining area and began to feed resident #007. At 1745 hrs a second PSW entered the dining area approached the table where resident #009 was seated, picked up the plate of food beside resident #009, placed their hand underneath the plate and stated "this is still warm" and began to feed resident #009. At approximately 1747 the PSW began to feed resident #004. The inspector observed the food sitting on the table for 14 to 17 minutes before staff were available to assist residents with their meals.

On December 4, 2013, at 1231 hrs during the lunch service, the inspector observed a staff member place a meal in front of residents #007 and #004 and place a meal at resident # 009's empty seat. Resident #009 arrived in a dining area at approximately 1242 hrs with the assistance of 1 PSW. At 1242 hrs a staff member began to assist resident #007 with eating lunch and at 1245 hrs another staff member began to assist resident #009 with eating lunch, resident #004 was not offered assistance with eating lunch until 1248 hrs. The inspector observed the resident's lunch meals to be served at 1231 hrs and the food sat on the table for 11 to 17 minutes until staff were available to assist the residents with eating.

On December 4, 2013, during the supper service, at 1735 hrs, 3 meal plates were brought into the dining area and placed in front of residents #007, 009 and 004. No staff were available to assist with feeding the residents until 1739 hrs when a PSW

began feeding resident #009. Another staff member began feeding resident #007 at 1744 hrs. At 1753 the PSW was observed to assist resident #004 with eating supper. The inspector observed the resident's supper meals to be served at 1735 hrs and the food sat on the table for 4 to 8 minutes until staff members were available to assist the residents with eating.

The Licensee failed to ensure that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident. [s. 73. (2) (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 that no resident who requires assistance with eating or drinking is served a meal until someone is available to provide the assistance required by the resident, specifically in regards to resident #004, 007 and 009, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 114. Medication management system

Specifically failed to comply with the following:

s. 114. (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 114 (3).
(b) reviewed and approved by the Director of Nursing and Personal Care and the pharmacy service provider and, where appropriate, the Medical Director. O. Reg. 79/10, s. 114 (3).

Findings/Faits saillants :

1. The policy number NUR 070, titled, "Medication Program - Administration" was reviewed by the inspector, which indicates the following, "Record all medication given to a Resident IMMEDIATELY After you have given them, NOT BEFORE." On December 3, 2013 the inspector observed the1700 hrs medication pass and reviewed the Medication Administration Records (MARs) and found that the RPN had signed all the 1700 hrs and 2100 hrs medications prior to administering them and also found that 2100 hrs PRN medications had also been documented as administered at approximately 1700 hrs. The Licensee failed to ensure that the written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, specifically in regards to documenting medication administration. [s. 114. (3) (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 that the written policies and protocols are developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, specifically in regards to documenting medication administration, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and O. Reg. 79/10, s. 129 (1).
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits saillants :

1. On December 3, 4, 5, 2013, the inspector observed various medication passes and interviewed registered staff administering medications. The medication cart does not have a separate locked area within the locked cart to store controlled substances. 2 RNs and 1 RPN reported that they pre-pour regularly prescribed controlled substances (medications) and store them in the medication cart while completing the medication pass. The Licensee failed to ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area with in the locked medication cart. [s. 129. (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 that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area with in the locked medication cart, to be implemented voluntarily.

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home

Specifically failed to comply with the following:

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. During all days of this inspection, December 3, 4, 5, 2013, the inspector found that the hairdressing room was unlocked and unsupervised. The key to the hairdressing room was observed to be left in the lock of the door.

On December 4, 2013, the inspector found the door to the staff change room unlocked and the inspector could gain access to the room unsupervised, an activation staff member reported that the door should be locked. On December 4, 2013, the inspector found the door to the servery unlocked and could gain access to the servery, no staff were found in the servery. A Dietary Aide told the inspector that the door should be locked with a chain lock when staff are not in the servery.

On December 5, 2013, the inspector found the door to the clean utility room unlocked and could gain access to the room, the room contained continence care products, wound care products and personal care items and is a non-resident area. The Licensee failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff. [s. 9. (1) 2.]

Issued on this 14th day of January, 2014

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