



**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**

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

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Public Copy/Copie du public

Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 3, 2015	2015_355588_0030	015364-15	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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

Secord Trails Care Community
263 WONHAM STREET SOUTH INGERSOLL ON N5C 3P6

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

CHRISTINE MCCARTHY (588)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): October 28, 29, 2015

This inspection was conducted concurrently with Inspection Log #016961-15. This complaint was in relation to Contenance, Plan of care, bathing, Bill of Rights, and Personal care.

During the course of the inspection, the inspector(s) spoke with the resident, Director of Care, Administrator, and three Personal Support Workers

**The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Dignity, Choice and Privacy
Personal Support Services**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**



Findings/Faits saillants :

1. Record review of the Plan of Care for resident #001 revealed a Quarterly review assessment in Minimum Data Set (MDS) indicating a certain frequency of bladder incontinence.

Record review of the Plan of Care for resident #001 revealed a Quarterly review assessment in MDS indicating a certain frequency of bowel incontinence.

Record review of the Assessments in Point Click Care revealed an absence of a Continent assessment on change in status, or when care needs changed.

Interview with the Assistant Director of Care-Registered Practical Nurse (ADOC-RPN) revealed that there are no other areas where a Continence assessment would be located and confirmed the change in Continence status, the absence of a Continence assessment on change in status and that the expectation of the home was that there should have been one completed. [s. 6. (10) (b)]

**WN #2: 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. The licensee has failed to ensure that residents are bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Record review of "Secord Trails Care Community Point of Care Audit Report-bath missing" for a specified month revealed that four out of eight, or 50 percent of the time, resident #001 did not receive a bath.



Specified months after this initial month revealed that two out of nine, or 22 percent of the time, and three out of nine, or 33 percent of the time, resident #001 did not receive a bath.

Record review of "Secord Trails Care Community Point of Care Audit Report-bath missing" for a specified month revealed that four out of nine, or 44 percent of the time, resident #003 did not receive a bath.

Specified months after this initial month revealed that three out of nine, or 33 percent of the time, and two out of eight, or 25 percent of the time, resident #003 did not receive a bath.

Record review of "Secord Trails Care Community Point of Care Audit Report-bath missing" for a specified month revealed that five out of eight, or 63 percent of the time, resident #004 did not receive a bath.

Specified months after this initial month revealed that five out of nine, or 55 percent of the time, and one out of nine, or 11 percent of the time resident #004 did not receive a bath.

Interview with a Personal Support Worker (PSW) revealed that the residents were supposed to receive two baths per week and that the staff work very hard to try to have that happen but sometimes they can't and baths have to wait until the next scheduled bath day.

Interview with a Personal Support Worker (PSW) revealed that the residents receive two baths per week unless they request otherwise. She shared that baths were usually rescheduled for the next day and that baths consist of a tub bath, shower or sponge bath.

Interview with the Director of Care on October 29, 2015 revealed that staffing is an ongoing issue and confirmed that over the months specified, baths had been missed and sometimes the resident wanted a bath and they did not receive one and that not every bath was "made-up". She confirmed that the expectation is that the home provide two baths per week for each resident and that they are working towards improving the staffing complement. [s. 33. (1)]



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Issued on this 3rd day of December, 2015

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

Original report signed by the inspector.