



**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**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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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
Dec 21, 2016	2016_326569_0032	031058-16	Resident Quality Inspection

Licensee/Titulaire de permis

PEOPLECARE Inc.
28 William Street North P.O. Box 460 Tavistock ON N0B 2R0

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

PEOPLECARE TAVISTOCK
28 William Street North P.O. Box 460 Tavistock ON N0B 2R0

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

DONNA TIERNEY (569), ADAM CANN (634), REBECCA DEWITTE (521)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): December 12, 13, 16, and 19, 2016

During the course of the inspection, the inspector(s) spoke with The Executive Director, Director of Nursing Care, Assistant Director of Care, Director of Resident Quality Outcomes, Director of Policy and Legislation, Director of Program Services, Acting Housekeeping Manager, the Social Worker, one Registered Nurse, two Registered Practical Nurses, 11 Personal Support Workers/Health Care Aides, one housekeeper, the Residents' Council co-chair, 3 family members, and over 20 residents.

The inspector(s) also conducted a tour of the home and made observations of residents, activities, and the provision of care. Relevant policies and procedures, as well as clinical records and plans of care for identified residents were reviewed. Inspector(s) observed medication administration and drug storage areas, resident/staff interactions, infection prevention and control practices, the posting of Ministry information and inspection reports, and the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Residents' Council
Skin and Wound Care**



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

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. (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 licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

An observation of an identified resident's room on two different dates during this inspection showed that the resident had a specific device in place.

An interview was conducted with Personal Support Worker (PSW) #118. The PSW said that the resident utilizes the specific device for their specific needs. They further shared that they would expect to see the specific device in the resident's plan of care which included the kardex and on Point of Care (POC). PSW #118 looked on the kardex and on POC but was unable to locate the specific device as an intervention for the identified resident.

A record review of the plan of care for the identified resident was completed. The plan of care did not include the use of the specific device for the resident.

During an interview with Assistant Director of Care (ADOC) #105 she acknowledged that the identified resident had the specific device in place but it should not be there as it was not indicated in the plan of care.

The licensee failed to ensure that the care set out in the plan of care for the identified resident was provided as specified in the plan.

This non-compliance was determined to have a severity level of one which is minimum risk, and the scope a level one which is isolated. The home has a history of previous non-compliance related to this piece of legislation. [s. 6. (7)]

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(d) addressing incidents of lingering offensive odours. O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee failed to ensure as part of the organised program of housekeeping, procedures were developed and implemented for addressing incidents of lingering offensive odours.

Observations on two different days during the inspection revealed a mal odour in a specific home area. In an interview with housekeeper #103, they acknowledged that this area had a continuous mal odour daily. She shared that the area gets cleaned once a day as well as being sprayed with an odour eliminator once a day. She was unaware of any additional housekeeping interventions to manage the mal odour in this specific area.

A review of the Odour Control policy 003300.00 documented that the nursing team would problem solve to identify appropriate interventions for lingering mal odours.

In an interview with Administrator #100 and the acting Housekeeping Manager #104, both agreed that the specific area continued to have a mal odour. They said that there had been recent discussions with team members about interventions to address the odour but unsure what the outcomes of the discussions were. Administrator #100 acknowledged that the home needed to develop and implement further interventions to manage the mal odour in the specific home area.

This non-compliance was determined to have a severity level of one which is minimum risk, and the scope a level one which is isolated. The home has a history of previous non-compliance unrelated to this piece of legislation. [s. 87. (2) (d)]



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Issued on this 22nd day of December, 2016

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

Original report signed by the inspector.