



**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**

**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
Feb 17, 2017	2016_434631_0015	029846-16	Resident Quality Inspection

Licensee/Titulaire de permis

THE THOMAS HEALTH CARE CORPORATION
490 Highway #8 STONEY CREEK ON L8G 1G6

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

PINE VILLA NURSING HOME
490 HIGHWAY #8 STONEY CREEK ON L8G 1G6

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

KERRY ABBOTT (631), KELLY CHUCKRY (611)

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 12, 13, 14, 17, 18 , 19, 2016.

During the course of this inspection, the following inspections were conducted simultaneously with this RQI: Critical Incident 020329-16 related to falls prevention, and Order # 023307-16 related to policies for falls prevention and skin and wound assessments. During the course of this RQI, Order #2016-205129-0008 was complied. Due to technical challenges, this Order could not be included in this RQI report. Refer to report log #023307-16 for follow up report for this Order.

During the course of the inspection, the inspector(s) spoke with the Vice President, Administrator/ Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator, recreation staff, environmental Staff, registered staff, personal support workers (PSW), President of Residents' Council, residents and families.

The following Inspection Protocols were used during this inspection:

**Admission and Discharge
Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Safe and Secure Home**

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

**2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.

Findings/Faits saillants :



1. The licensee failed to ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than fifteen (15) centimetres.

During the course of the Resident Quality Inspection (RQI), Inspector #631 observed two (2) windows that were open greater than fifteen (15) centimetres, accessible to residents and open to the outdoors. The home immediately conducted an audit and identified a total of six (6) rooms that had windows that were accessible to residents, could be opened to outside and were open greater than fifteen (15) centimetres. The home rectified the issues immediately.

The Administrator and the Environmental Services manager confirmed that the six (6) windows were accessible to residents, open to the outside and able to be opened greater than fifteen (15) centimetres. [s. 16.]

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 every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than fifteen (15) centimetres, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

- s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,**
- (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).**
 - (c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).**
 - (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).**
 - (e) a weight monitoring system to measure and record with respect to each resident,**
 - (i) weight on admission and monthly thereafter, and**
 - (ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the Nutrition and Hydration Program included (e) a weight monitoring system to measure and record with respect to each resident, (ii) body mass index and height upon admission and annually thereafter.

During the RQI data collection took place through census record review and staff interviews. A total of thirteen (13) residents did not have a current height measured and recorded in their clinical health records.

An interview conducted with staff #105 and a subsequent interview conducted with the Administrator/Director of Care confirmed that the heights were not measured and recorded annually for the identified residents. [s. 68. (2) (e) (ii)]



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Issued on this 17th day of February, 2017

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

Original report signed by the inspector.