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
Jun 17, 2014	2014_283544_0015	S-002,092,012,205,077,198-14	Complaint

Licensee/Titulaire de permis

THE CITY OF GREATER SUDBURY
200 Brady Street, PO Box 5000 Stn A, SUDBURY, ON, P3A-5P3

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

PIONEER MANOR
960 NOTRE DAME AVENUE, SUDBURY, ON, P3A-2T4

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

FRANCA MCMILLAN (544), MARINA MOFFATT (595)

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): May 27, 28, 29, 30, 2014 and was related to

Log # S-000092-13
Log # S-000198-14
Log # S-000045-13
Log # S-000106-14
Log # S-000077-14

During the course of the inspection, the inspector(s) spoke with the Administrator, Manager of Resident Care (MORC), Clinical Services Program Co-ordinators, Registered Staff, PSWs, Residents and Families.

During the course of the inspection, the inspector(s) walked through-out the home daily, observed daily the care and service delivery to the residents and staff to resident interactions, observed two medication administration passes, observed residents who exhibited responsive behaviours, reviewed the Medication Administration Policies and Procedures and the staff education regarding this policy, reviewed the Responsive Behaviours Program and the staff education records regarding the Responsive Behaviours Program, reviewed the Continence Care and Bowel Management Program, reviewed the Staffing records for all nursing staff, staff contingency planning and staffing Policies and Procedures, reviewed Resident Care Policies pertaining to bathing and reviewed residents' health care records and residents' care plans.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Medication
Personal Support Services
Responsive Behaviours
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. 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. Inspector # 595 interviewed Resident # 052. Resident # 052 confirmed that the assigned bath days were Tuesday and Friday afternoons. It was also confirmed that the baths were not given consistently twice per week in earlier months, but there have been small improvements in the care since then. Resident # 052 stated that the Friday baths are usually missed due to staffing shortages. Inspector # 595 reviewed the resident's bath list and identified that Resident # 052 was to have received a bath on Tuesday and Friday. According to the bath flow sheets, Resident # 052 did not receive a bath on Tuesday April 22, 2014 and Friday May 9, 2014.

Inspector # 595 reviewed the health care records for Resident # 050, reviewed the resident's bath list and the bathing flow sheets. It was identified that Resident # 050 was to receive a shower on Sunday and Wednesday mornings. This was confirmed by the resident's bathing schedule, found in the Personal Support Workers' binder.
The bathing schedule identified that Resident # 050 did not receive a shower on Sunday April 20, 2014 and Sunday May 4, 2014.

Inspector # 595 reviewed the health care record for Resident # 051 as well as the resident bath list. Resident # 051 bath days were identified as Tuesday and Friday. It was noted on the resident's bathing flow sheets that Resident # 051 did not receive a tub bath on Friday April 11, 2014, Tuesday April 15, 2014, Tuesday May 13, 2014.

Inspector #595 interviewed Staff # 105 who confirmed that the bath lists for these residents are current and up to date. [s. 33. (1)] (595)

2. Inspector # 544 reviewed the health care record for Resident # 004 which identified that the Resident was to have a tub bath on Wednesday and Sunday. The Resident's bathing flow sheets from December 29, 2012 to January 4, 2013, identified that Resident # 004 received one tub bath.
The week of January 5 to 11, 2013, Resident # 004 received one tub bath.
The week of February 16 to 22, 2013, Resident # 004 received one tub bath.
The week of February 23 to March 1, 2013, Resident # 004 received one tub bath.

The licensee failed to ensure that Residents # 004, 050, 051 and 052 were 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. [s. 33. (1)]

Issued on this 17th day of June, 2014

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