Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 27, Oct 30, 31, Nov 1, 15, 2012	2012_021111_0027	Complaint

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

PLEASANT MEADOW MANOR
99 Alma Street, P. O. Box 426, Norwood, ON, K0L-2V0

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with the Administrator, the Administrative Assistant, the Office Manager, the Environmental Manager and one Registered Nurse (RN)

During the course of the inspection, the inspector(s) reviewed the health records of three deceased residents and reviewed the homes policies on complaints procedures, preventative maintenance, and unfunded service contract agreements. Inspection related to two complaints: 002583 & 001172.

The following Inspection Protocols were used during this inspection:

Reporting and Complaints

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

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.) 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. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :

1. Related to log # 001172:

A complaint was received from resident #2 regarding air temperature in the home.

Observation of air temperature reading in the home indicated there was only one thermostat in the home that was located just outside the dining room behind an open door.

Review of the preventative maintenance records from July 1, 2010 to August 2012 indicated on the monthly preventative checklist that all areas of the home are to be maintained at a minimum temperature of 22 degrees Celsius.

Interview of the Environmental Manager on September 27, 2012 confirmed the only visible thermostat in the home was just outside the dining room and that there is no record of air temperatures in the home.

2. The licensee failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius[s.21].

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following subsections:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

s. 101. (3) The licensee shall ensure that,
(a) the documented record is reviewed and analyzed for trends at least quarterly;
(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
(c) a written record is kept of each review and of the improvements made in response. O. Reg. 79/10, s. 101 (3).

Findings/Faits saillants :

1. Related to log # 001172:

Review of the homes documented record of complaints from July 1, 2010 to September 2012 indicated that only the date and nature of each verbal or written complaint is documented.

There was no documented evidence to indicate that the type of action taken to resolve the complaint, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, or any response made in return by the complainant.

2. There was no documented evidence to indicate the complaints received by the licensee are reviewed and analyzed for trends, at least quarterly.

3. The licensee failed to ensure that a documented record is kept in the home that includes the type of action taken to resolve the complaint, the final resolution, if any, every date on which any response was provided to the complainant and a description of the response, and any response made in return by the complainant. The licensee also failed to ensure that the documented record is reviewed and analyzed for trends at least quarterly [s.101(2)(c)(d)(e)(f),(3)(a)].

Issued on this 15th day of November, 2012

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

Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Report of Unmet Standards or Criteria

Rapport sur les normes ou critères non respectés

Ottawa Service Area Office
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Date of Review / Date de l'inspection: September 27, 2012

Name and title of Division representative / Nom et fonction du (de la) représentant(e) de la Division:
Lynda Brown, LTCH Inspector-Nursing, #111

Long-Term Care Home / Etablissement de soins de longue durée:
Pleasant Meadow Manor

Address / Adresse:
99 Alma Street, P.O. Box 426, Norwood, ON K0L 2V0

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Type of review / Genre d'inspection

The following statements reflect the results of the facility operational review as based on Ministry of Health standards and criteria for resident care, programs and services in Long-Term Care Homes.

Les observations suivantes illustrent les résultats de l'inspection des opérations de l'établissement effectuée sur la base des normes at critères du ministère de la Santé en matière de soins aux pensionnaires et de programmes et de services offers dans les "etablissements de soins de longue durée.

- ☐ Annual / Annuelle
- ☒ Complaint Investigation / Enquête à la suite d'une plainte
- ☐ Post-sale / Postèrieure à la vente
- ☐ Follow-up / Suivi
- ☐ Complaint Investigation Follow-up / Suivi d'une enquête à la suite d'une plainte
- ☐ Pre-license / Préalable à la déliverance du permis
- ☐ Referral / Visite d'un(e) conseiller(ère)
- ☐ Pre-sale / Préalable à la vente
- ☐ Other (specify) / Autre (précisez)

Standards or criteria Normes ou critéres	Review results Résultats de l'inspection	Date for corrective action Date de la mesure mesure corrective
A1.3	Related to log # 002657: The following Unmet standard & criteria was issued under the Long Term Care Facilities Program Standards & Criteria as it occurred prior to July 1, 2010: Residents and /or their representatives shall be encouraged to participate in the assessment, planning, provision and evaluation of the resident's care.	

Received for the Home by/Reçu pour l'établissement par

Signature of Health System Accountability and Performance representative. Signature du (de la) représentant(e) des Division de la responsabilisation et de la performance du systéme de santé
LBrown

Copy: Long-Term Care Home
Copie: Etablissement fe soins de longue durée

Original: Health System Accountability and Performance Division
Original: Division de la responsabilisation et de la performance du systéme de santé

	Findings: A complaint was received from the Substitute Decision Maker (SDM) of deceased resident#3 regarding unexplained injuries. Review of the progress notes for deceased resident #3 confirmed injuries were sustained as a result of a fall and there was no indication the SDM was notified of the fall or the injuries. A second incident of alteration in skin integrity occurred and there was no indication that the SDM was notified.	

Received for the Home by/Reçu pour l'établissement par

Signature of Health System Accountability and Performance representative. Signature du (de la) représentant(e) des Division de la responsabilisation et de la performance du systéme de santé