

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

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Type of Inspection / Registre no Genre d'inspection
Mar 4, 2014	2014_211106_0002	S-000480-13 Follow up

Licensee/Titulaire de permis

KENORA DISTRICT HOME FOR THE AGED BOARD OF MANAGEMENT 35 Van Horne Avenue, Box 725, DRYDEN, ON, P8N-2Z4

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

PRINCESS COURT

PRINCESS STREET, BOX 725, DRYDEN, ON, P8N-2Z4

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

MARGOT BURNS-PROUTY (106)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 6, 7, 2014

The following log was reviewed as part of this inspection: Log #S-000480-13 Compliance Order #001 from inspection # 2013_246196_0009 in relation to O. Reg 79/10 s. 110 (7) 6 has been complied with.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Family Members, and Residents

During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records.

The following Inspection Protocols were used during this inspection: Minimizing of Restraining

Findings of Non-Compliance were found during this inspection.



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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 O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device Specifically failed to comply with the following:

- s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
- 8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

Findings/Faits saillants:



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- 1. On February 6, 2013, the inspector reviewed the "Restraint Monitoring Forms" for resident # 010, from February 1 to 5, 2014 and the following was found:
- -Feb 1, 2014: a PSW documented that the resident's restraint was applied at 0600hrs, it was not documented when the restraint was removed
- -Feb 3, 2014: a PSW documented that the resident's restraint was applied at 0200hrs and it was not documented when the restraint was removed
- -Feb 4, 2014: the restraint was documented as being applied at 0200hrs and again at 0700hrs, there was no documentation to indicate the time of removal of the restraint before it was documented as being applied at 0700hrs. [s. 110. (7) 8.]
- 2. On February 6, 2014, the "Restraint Monitoring Forms" from February 1 to 5, 2014, for resident # 015 were reviewed by the inspector and the following was found: -February 5, 2014: a PSW documented that the restraint was applied at 0700 hrs and no documentation indicating when the restraint was removed. [s. 110. (7) 8.]
- 3. On February 6, 2014, the "Restraint Monitoring Forms" dated February 1 5, 2014, for resident # 014 were reviewed by the inspector and the following was found: -Feb 5, 2014: a PSW documented the restraint was applied at 0600 hrs and was monitored until 2000 hrs, however, there was no documentation that indicated when the restraint was removed.

The licensee failed to ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented: 8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. [s. 110. (7) 8.]

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

COMPLIED NON-COMPLIANCE/ORDER(S)
REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:



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			INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 110. (7)	CO #001	2013_246196_0009	106

Issued on this 5th day of March, 2014

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

