



**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**

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 22, 2016	2016_431527_0005	028566-15, 003539-16	Complaint

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
1090 MORAND STREET WINDSOR ON N9G 1J6

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

SHELBURNE NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME
LIMITED PARTNERSHIP
200 ROBERT STREET SHELBURNE ON 000 000

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

KATHLEEN MILLAR (527)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): February 8, 9, 10 and 11, 2016.

The Complaints Log # 028566-15 and # 003539-16 were conducted concurrently.

Complaint Log # 003539-16 had no non-compliance's.

During the course of the inspection, the inspector(s) spoke with the General Manager (GM), the Director of Care (DOC), the Environmental Services and Dietary Manager, the Restorative Care Coordinator, the Wound Care Nurse, the registered staff, the Personal Support Workers (PSWs), the residents' and family members.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Critical Incident Response

Falls Prevention

Hospitalization and Change in Condition

Infection Prevention and Control

Nutrition and Hydration

Reporting and Complaints

Skin and Wound Care

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

1 WN(s)

1 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
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements
Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :



1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented.

Resident #015 was admitted to the hospital in October 2015. When the resident returned to the home they were assessed and had three pressure ulcers.

i) The home's "Hydration Program - Provincial Long Term Care" and dated May 2015 directed nursing to monitor daily fluid needs to actual intake on a nightly basis. In addition, the "Hydration Management" policy, number 5.130, and revised February 2014, directed staff to input fluid into Point of Care (POC), and any signs and symptoms of dehydration were reported to the charge nurse and/or the RD. The resident's plan of care identified an estimated fluid requirement of 1300 millilitres (mls) per day; however the documentation reflected that over a two week period in September and October 2015, the resident only achieved their target fluid intake once out of the two weeks. The POC documentation was inconsistently completed during the two week period, and there was no documentation six out of the twelve evening shifts. Staff #111 and #114 confirmed that the documentation was incomplete and the PSWs were expected to document in Point of Care (POC) the fluid intake for this resident every shift.

ii) The plan of care directed staff to turn and reposition the resident every two hours and daily skin observations on each shift. During two weeks in September and October, 2015, the documentation identified that there were only four days where the documentation was completed to reflect the resident was turned every two hours during each shift, and there was only three days where the documentation was completed to reflect the daily skin observations were performed each shift. Staff #111 and #114 confirmed that the documentation was incomplete and the PSWs were expected to document that the resident was turned and repositioned every two hours every shift, and that daily skin observations were performed every shift.

The home did not ensure that the interventions for resident #015 were documented for wound and skin care, and the hydration program. [s. 30. (2)]



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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 any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

Issued on this 23rd day of February, 2016

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

Original report signed by the inspector.