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

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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
Dec 12, 2012	2012_207147_0005	H-000611-12 AND H-001057-12	Critical Incident System

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, L0N-1S1

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

LALEH NEWELL (147)

Inspection Summary/Résumé de l'inspection

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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 20, 21 and 22, 2012

H-000611-12 and H-001057-12

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered Staff, Personal Support Works (PSW) and residents.

During the course of the inspection, the inspector(s) reviewed resident clinical charts, policy and procedure related to Falls Prevention and Prevention of Abuse, observed care and toured the home.

The following Inspection Protocols were used during this inspection:
Falls Prevention

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee did not ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change. [6(10)(b)]

Review of the resident #01's plan of care indicated that in May 2012 the resident was assessed at medium risk for falls due to unsteady gait, pain and impaired balance, and falls prevention strategies were in place.

The progress notes and interview with the DOC, confirmed resident #01 had a fall in May 2012. However, the plan of care reviewed in November 2012 and last updated in May 2012 was not reviewed and revised to ensure that the different approaches were included in the revision of the plan of care when the resident was reassessed post fall.

Resident #01 was on anticoagulant since admission to the home and continued to experience nausea and vomiting after an unwitnessed fall and had another fall a few weeks later. The resident was then transferred to hospital for further assessment. [s. 6. (10) (b)]

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 the licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee did not ensure that were the Act or this Regulation requires the licensee to have, institute or otherwise put in place any policies, procedures or strategies, that those policies, procedures or strategies are complied with, in regards to the following: [8(1)b]

The home's policy and procedure "Falls Prevention and Management Program" (D-122) stated, the Registered staff are to complete a head to toe assessment, initiate head injury routine if the fall is not witnessed or if the resident is on anticoagulant therapy, to notify the physician, the resident's responsible party of the fall, and document the fall in a falls progress note in Point Click Care (PCC).

Resident #01 had an unwitnessed fall in May 2012 and had been on anticoagulant therapy since admission. Review of the resident's clinical chart and interview with the DOC and the registered staff indicated the registered staff failed to comply with the Falls Prevention and Management Program and did not initiate a head injury routine, notify the physician or the resident's responsible party of the fall and there is no documentation related to the fall in PCC. [s. 8. (1)]

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 were the Act or this Regulation requires the licensee to have, institute or otherwise put in place any policies, procedures or strategies, that those policies, procedures or strategies are complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The Licensee did not ensure that without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. [s.20(1)]

The home's policy and procedure "Abuse Policy" stated that staff are to notify the General Manager or designate or if after hours, the senior manager on call immediately upon receipt of the the report of alleged, witnessed or unwitnessed abuse or neglect and initiate the investigation, the notify the resident's substitute decision maker (SDM).

The home became aware of an alleged sexual abuse in March 2012, where a female resident reported to the registered staff regarding an incident where the resident was touched by a male resident in an inappropriate manner after lunch time.

Review of the female resident's clinical chart and interview with the DOC, indicated the home did not become aware of the incident until several days later as the registered staff failed to report the incident to the General Manager or Desigante and did not notify the SDM regarding the incident. [s. 20. (1)]

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 without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:
1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).
2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).

Findings/Faits saillants :

1. The home failed to ensure that their organized nursing program required under s. 8 (1) of the Act included written polices, procedures and protocols and provides for methods to reduce risk and monitor outcomes for residents requiring anticoagulant management. [r.30(1)1]

Interview with the DOC and Registered staff confirmed that the home does not have a policy and procedure related to the care and monitoring of risk and outcomes related to the management of anticoagulant therapy.

Resident #01 was on anticoagulant therapy since admission to the home and continued to experience nausea and vomiting after his fall in May 2012 and subsequently had another fall a few weeks later. There is no evidence to substantiate the staff assessed the resident's INR levels or initiate a head injury routine after the resident's first fall. The resident was then transferred to hospital for further assessment related to the symptoms after the second fall. [s. 30. (1) 1.]

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 to ensure the nursing program includes a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes of residents where required, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care
Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee failed to ensure that a plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident: Health conditions, including allergies, pain, risk of falls and other special needs. [s. 26. (3) 10.]

2. The plan of care for resident #01 does not include an interdisciplinary assessment with respect to the resident's health conditions related to special needs for treatment of Coumadin and Urinary Tract Infection (UTI). [s. 26. (3) 10.]

Issued on this 12th day of December, 2012

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